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State of Utah

# Program Improvement Plan

Quarterly Report 2 – November 2004 to January 2005

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State of Utah

Division of  
Child and Family  
Services

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Item contributing to non conformity	Goal	Method of measuring improvement	Goal/measure percent of improvement	Action steps toward achieving goal	Projected date of achievement	Actual date of achievement	Person responsible	Activities completed - Month 6 - January 2005	Attachments
Outcome S1									
Safety 1: Timeliness	1.1 Improve the accuracy of documentation	Report from SAFE on timeliness of investigation	Baseline: 77% Goal 79%	1.1.1 Add SAFE notification alert	Jan-05	Nov-04	SAFE Team	This notification was deployed in November 2004. An additional notification described in the previous report has also been deployed.	Practice Alerts on notifications are attached.
				1.1.2 Train staff on new notification	Apr-05		CPS PM		
	1.2 Data is used to monitor compliance with priority timeframes	Report from SAFE on timeliness of investigation	Baseline: 77% Goal 79%	1.2.1 Develop ways for management to use data to increase compliance with priority timeframes	Jan-05	Nov-04	Data unit	The Supervisor's Conference was held Nov. 9-10. The conference consisted of three workshops. Each attendee was able to attend all three workshops. The workshops focused on using data reports to manage, which involved hands on training of report generating a workshop on leadership skills, and a workshop on expectations for practice.	Agenda from Supervisor's Conference is attached
				1.2.2 Train supervisors and other administrators on pulling data reports and on the use of reports to manage workers	Apr-05	Nov-04	Data unit	This was accomplished at the supervisor's conference held on Nov. 10, 2004. The data workshop was held for 3 hours. All supervisors attended this workshop. The information taught in the workshop has been reinforced as supervisors contact the data unit asking for help in pulling and using data reports.	Handouts from the data workshop conducted at the Supervisor's Conference are attached.

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				1.2.3 Develop and implement region plans for reporting on data in administrative meetings	Jan-05	Jan-05	Region Directors	Each region examines data reports in their monthly leadership/Administration meeting.	Write up regarding each region's use of data reports in administrative meetings.
Safety 1 Item 2 Repeat maltreatment	2.1 Reduce inaccurate documentation by discontinuing the practice of opening and additional case when additional information or duplicate referrals are received on a currently open case and entering a supported finding on cases where the child is placed in state custody due to delinquency or truancy not abuse or neglect	Report from SAFE on percent of victims with a subsequent substantiation within six months	Baseline 7.7% goal 6.8%	2.1.1 Implement a process of identifying and merging duplicate cases	Oct-04	Oct-04	Data unit	Practice Guidelines are completed and will be trained in February. The Program Managers will be traveling to each region visiting 15 different offices to do training on each of the new practice guidelines. A practice alert will be sent to all DCFS staff to identify the changes in Practice Guidelines early in February prior to the region visits.	

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				2.1.2 Program SAFE so that allegations of court ordered can not be supported	Jul-05	Oct-04	SAFE Team	Completed - Oct 19, 2004	
	2.2 Consistent and expanded use of the PM skills of engaging, assessing, teaming, planning and intervening in casework	Report from SAFE on percent of victims with a subsequent substantiation within six months	Baseline 7.9% goal 7.5%	2.2.1 Develop specialized program specific training curriculum for first responders	Jul-05		State training team, cps pm, DV pm	Modules have been identified for grouping the training content for First Responders training. The first module will cover the Intake process; Assessment of needs for training this process is started and will continue through February. A review of Practice Guidelines has been completed, identifying the areas needing revisions. The charter for the work team identifying the specific objectives to be completed has been drafted.	
				2.2.2 Develop region plans for training delivery	Oct-05		Region training teams		
				2.2.3 Provide training in all regions	Jul-06		State and region training teams		

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Outcome P1									
Perm 1 item 5: Re-entry	5.1 All pertinent information about the child and family is shared with possible kinship placements	Percent of re-entry	Baseline: 14.5% goal: 12.0%	5.1.1 Add statements to PG under the headings of Guiding Principles and Div. And worker expectations regarding full disclosure	Written and presented to DCFS board: Nov 2004	Jan-05	Policy and permanency pm	Practice Guidelines are completed and will be trained by April. The Program Managers will be traveling to each region visiting 15 different offices to do training on each of the new practice guidelines.	Practice Guidelines on kinship disclosure are attached.
					Response from the board: January 2005	Jan-05	DCFS Board chair	Practice Guidelines are no longer approved by the board so this step is not necessary. However, practice guidelines are presented to the board as a courtesy. This was done in the January DCFS Board meeting.	
					Notification of any changes to workers: April 2005		Deputy director	As indicated above. This training will take place in April.	
				5.1.2 Clarify the use of an emergency kinship placement		Jul-05	Deputy director	The revisions to the Practice Guidelines for Emergency Kinship care have been drafted and reviewed by the chartered workgroup. A final review by the administrative team will occur March or April.	

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				5.1.3 Develop a kinship brochure to educate families on their options for becoming a caregiver	Apr-05		Deputy director	The Kinship brochure for potential caregivers has been completed. DCFS is awaiting bids on printing costs. The goal is for the brochures to be available when the Program Managers train on the practice guidelines.	
				5.1.4 develop a resource packet for kinship providers	Jul-05		Deputy director	A draft of the kinship packet for potential kinship placements has been submitted to DCFS Administration for approval. The kinship packet has been revised to include the forms available on SAFE that a worker uses to make an emergency kinship placement. Final review of packet will be done in the February administrative team meeting.	
	5.2 Kinship supports are sufficient to meet the needs of the child and family	Percent of re-entry		5.2.1 Develop pilot project for kinship caregiver support groups in targeted locations	Develop pilot: April 2005	Jan-05	Permanency and family based program managers and team	DCFS has selected a pilot site in the Northern Region (Ogden) area for implementing the BSC. The core team has participated in the First Learning Session in October 2004 with other states involved with the BSC. The extended team has been trained to use a PDSA (Plan, Do, Study, Act) model for identifying strategies that will make incremental changes to how we provide kinship care. The Core team will participate in the 2nd learning session with other states in March 2005. One of the strategies that has been implemented is the use of an orientation for the family that is selected to care for the child(ren).	The Pilot Project proposal is attached.

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					Select sites: May 2005		State administration team	The location of the pilot site team is the Ogden office. It consists of two CPS units and two Ongoing units so all service areas are involved in testing strategies through the PDSA process for making changes to how we support kinship care.	The Pilot Project proposal is attached.
					Begin to implement pilot project: May 2005		Site administrator	The work in the pilot site has been initiated.	
					Report on project November 2005		Permanency and family based program managers and team		
					Recommendations from the pilot project will be incorporated into the Program Improvement Plan as approved by the Administrative Team: November 2005		State Milestone Coordinator		

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	5.3 Licensing procedures are not a barrier for kinship placements to attain foster care licenses			5.3.1 Develop, propose, approve and implement licensing procedures that facilitate the licensing of kinship providers	Develop by: July 2005		Deputy director	The workgroup has drafted changes for the Kinship Practice Guidelines that define the way in which BCI information is to be used by DCFS caseworkers. It has been reviewed (January 2005) by the Office of Licensing and revisions are being made to bring it into congruence with the Office of Licensing standards. A final review with the Office of Licensing Director will be done with the final product so we can start negotiations on the procedures to use for sharing information across agencies.	
					Approved by boards: October 2005				
					Implemented: February 2006				
				5.3.2 Standardize the use of BCI information congruent to the OL to eliminate duplication of background checks	Jul-05		Deputy director	The workgroup has drafted changes for the Kinship Practice Guidelines that define the way in which BCI information is to be used by DCFS caseworkers. It has been reviewed (January 2005) by the Office of Licensing and revisions are being made to bring it into congruence with the Office of Licensing standards. A final review with the Office of Licensing Director will be done with the final product so we can start negotiations on the procedures to use for sharing information across agencies.	



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				5.3.3 Train and implement BCI protocol to region BCI contacts	Oct-05		Deputy director		
				5.3.4 Adopt up-front uniform homestudy assessment for kinship care, as used in resource families, to avoid duplication	Jul-05		Deputy director	The kinship pilot site is using the uniform homestudy to complete the assessment for kinship caregivers. This was implemented December 2004.	A copy of the Uniform Homestudy is attached
				5.3.5 train and implement uniform homestudy assessment to appropriate region contacts	Oct-05		Deputy director		

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Perm 1 Item 6 Stability in foster care placement	6.1 the FA is used to identify a child's needs prior to FC placement and with foster parents to identify their abilities with specific types of behaviors in children	SAFE report on stability placement	Baseline 72.4% goal 74.3%	6.1.1 Develop program for expanding the use of the FA to include the identification of a child's needs prior to placement as well as identifying resource families' abilities	Jul-05		Permanency and CPS PM	The first meeting of the Resource Family Consultants workgroup was held on December 17. They will be meeting monthly to address this item. Their next meeting is scheduled for January 21, 2005.	
				6.1.2 Implement program	Dec-05		Region directors or designee		
Perm 1 item 7, 8, 10: permanency planning	7.1 proper permanency goals are selected for each child in custody	QCR scores on LTV, Prospect for perm, tracking and adaptation	Baseline: LTV 43.5%, PP 59.6%, TA 68.7% Goals: LTV 50%, PP 65%, TA 70%	7.1.1 Update PG with new permanency goal of non-relative guardianship and permanency with relatives	Jan-05	Jan-05	Permanency PM	Guardianship Practice Guidelines are almost completed. Some formatting and a few minor changes need to be added. The next Guardianship workgroup meeting is scheduled for January 20, 2005. The workgroup is now drafting forms for SAFE. Work on the drafting of Administrative Rule began on January 13. The draft of Guardianship practice guidelines was completed January 31, 2005. and will be trained in February. The Program Managers will be traveling to each region visiting 15 different offices to do training on each of the new practice guidelines.	

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				7.1.2 Clarify in PG how to plan for proper goal selection and concurrent planning	Mar-05		Permanency PM	We are requesting that the completion dates for 7.1.2 and 7.1.5 be switched allowing for the development of the Practice Guidelines before the development of training. .	The Practice Guideline is attached.
				7.1.3 Add new Perm goals to SAFE	Apr-05	Jan-05	SAFE team	This release was completed and the new permanency goals are now available. The use of the goals will be one of the subjects trained in February when the Program Managers visits the regions.	
				7.1.4 send Practice alert to staff on new goals available in SAFE	May-05	Dec-04	Permanency PM	The practice alert was sent out on December 6, 2004.	Copy of the Practice Alert sent.
				7.1.5 Incorporate specific training on proper goal selection into PM cur.	Jan-05		State training team	This training will be delivered in two ways. First, the information is being incorporated into the Practice Model training. Second, this information will also be included in the web based training on documentation. We would like an extension on this item until April 2005 to align with the other documentation training.	
				7.1.6 Incorporate training on proper goal selection into out of home program skills training	Dec-05		State training team		

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				7.1.7 Provide training in all regions	Jul-06		State and region training teams		
				7.1.8 Include training on documenting reasons for goal selection in documentation training	Apr-05		State and region training teams		Plan for completion of this item.
	8.1 Workers visit with parents at a frequency consistent with the goals determined by the CFT and focus on the establishment of goals and services needed to meet the goals for the family	Data from SAFE on worker visits with parents	Baseline not available	8.1.1 Develop training on new PG for visits between workers and parents	Apr-05		Permanency and family based services pm		
	10.1 children emancipating from foster care have the knowledge and supports in places to be successful adults			10.1.1 Determine if the Casey Assessment tool will be used to evaluate level for function for youth.	Jan-05	Jan-05	Independent living pm	The use of the Casey Assessment tool was approved by the State Administrative Team and will now be incorporated into Independent Living Services.	Practice Alert sent on the use of the Casey Assessment tool is attached.

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				10.1.2 Develop a performance matrix to establish expected performance outcomes in the areas of education, housing, life skills, employment, health and mental health	Jan-05	Jan-05	Independent living pm	The performance matrix developed is formatted in a stairway path rather than a matrix.	A copy of the Stairway path is attached.
				10.1.3 Develop PG to support achievement of expected performance outcomes	Apr-05		Independent living pm		
				10.1.4 Submit PG to DCFS board	May-05		Independent living pm		
				10.1.5 develop training on PG including who should be trained and how the training will be delivered	Oct-05		Independent living pm		

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				10.1.6 develop region training plans	Nov-05		Region training teams		
Item 25 case review	28.1 Time in custody and the status of petitions for TPR are monitored and appropriate action is taken			28.1.1 Add SAFE notification to worker and an action prompt when a child has been in custody for 12 of 22 months	Jul-05		SAFE team	Coordinated with SAFE to develop screens to document reasons to TPR and not TPR - 15 of the last 22 months. Coordinated with Jay to provide these screens to Jonathan Houser, training team - completed December 2004.	Copies of SAFE screens regarding TPR are attached
				28.1.2.Distribute practice alert and instructions to all workers on new SAFE notification	Jul-05		Deputy director		
				28.1.3 Include information on requesting and documenting an exception for TPR in documentation training	Apr-05		Training team	This training will be delivered in a web based training format.	

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				28.1.4 Deliver training in all regions	Dec-05		State and region training teams		
				28.1.5 Develop protocol and/or training for AAG on proper selection of perm. Goals and updating perm. Goals between review hearings.	Jul-05		Director of policy and planning		
				28.1.6 Provide training to Assistant Attorneys General	Dec-05		Director of policy and planning		
Outcome P2									

Item contributing to non conformity	Goal	Method of measuring improvement	Goal/measure percent of improvement	Action steps toward achieving goal	Projected date of achievement	Actual date of achievement	Person responsible	Activities completed - Month 6 - January 2005	Attachments
Perm 2 item 14 preserving connections	14.1 tribal membership is assessed and the ICWA is complied with at all stages of the case	Report from SAFE on the number of American Indian children with no tribal information in the sys	Baseline 54% goal 35%	14.1.1 Review and revise PG related to the assessment of tribal membership of children and families receiving services	Developed by January 2005		ICWA, policy, permanency, CPS, and family base pm	Practice Guidelines are completed and will be trained in February. The Program Managers will be traveling to each region visiting 15 different offices to do training on each of the new practice guidelines.	
					Presented to board March 2005				
	14.2 Foster children have a connection to tribal, cultural, religious, and ethnic heritage and traditions			14.1.2 Distribute practice alert on new guidelines regarding assessment of tribal membership	Apr-05		ICWA pm		
				14.2.1 Draft and submit administrative rule in connection with HB 268 passes in the 2004 general session	Jan-05		Director of policy and planning	The Administrative Rule has been drafted, reviewed by the Program Manager Team and will be sent out for Admin. Team final review and submitted to the DCFS Board.	A copy of the Administrative Rule is attached



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				14.2.2 Compile and distribute a list of resources for workers to help children stay connected with religious, ethnic, cultural, and tribal heritage	Dec-05		ICWA pm		
	14.3 Agency connections to ethnic minority communities provide connections for children in foster care			14.3.1 Identify ethnic communities and a point of contact within the community in each region	Identify communities July 2005 initiate contact with communities September 2005, compile list of contact information and distribute to each region office December 2005		Region directors or designees		

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	14.4 Transfers to tribal courts are timely and well organized			14.4.1 Develop PG for moving cases to tribal court or continuing connections if remaining with the state	Developed by July 2005 present to board September 2005		Policy and ICWA pm	The ICWA Program manager has met with the Piute tribe in Southwest Utah and they have started drafting a Memorandum of Understanding. The Ute tribe is working with DCFS to renew the contract agreement. The Navajo nation and DCFS are working together to rewrite the contract between the entities and negotiate ways to increase the collaboration with the state.	
	14.5 Increase awareness of the requirements for CW in ICWA			14.5.1 Provide training by Judge William Thorne on the ICWA to DCFS and legal partners	Apr-05	Jan-05	Training team and ICWA pm	The Director of the Office of the Guardian ad Litem indicated that training on ICWA was included in their annual training in 2004. We will consider this training and the training presented by Judge Thorne to DCFS as fulfilling this item.	Agenda from GAL meeting with training by Judge Thorne attached
	14.6 Foster parents are aware of their role in providing connections to a child's cultural and ethnic heritage			14.6.1 Develop protocol and training to be added to initial training for prospective foster parents regarding their role in maintaining the cultural and religious heritage of children in foster care	Oct-05		Permanency pm and UFCF	The Institute for Human Services Pre-Service Curriculum which the Utah Foster Care Foundation uses to train Resource Families includes a section on cultural awareness and addresses this adequately for an initial training. The UFCF also has been approved to train curriculum specific to native American culture with native American families that have shown interest in becoming a resource family through targeted recruitment. This training is also offered to other families who would like to be a resource for native American children who need placement.	

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				14.6.2 Determine the appropriate method for delivering additional training or information for current foster care providers on their role in maintaining cultural connections for children in foster care	Jan-05	Jan-05	Permanency pm and UFCF	The decision has been made to supplement the cultural awareness content in Pre-Service training by requiring Resource Families to participate in an in-service training on Cultural Competence within 12 months of completing pre-service training. The training will be developed through collaboration with the UFCF and DCFS.	
				14.6.3 Deliver information to current foster care families	Jul-05		Permanency pm and UFCF		
Perm 2 item 15 relative placement	15.1 a diligent search for both maternal and paternal kinship placement candidates and the documentation of the search is made in each CPS case where removal is considered	Report from SAFE on removals where kinship options were explored with the family	Baseline 68% goal 75%	15.1.1 Include information on the proper documentation of the search for kin in the documentation training curriculum	Apr-05		State training team	This training will be delivered in a web based training format.	

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				15.1.2 provide documentation training in each region	Dec-05		State and region training teams		
Outcome WB 1									
WB 1 item 17 needs and services	17.1 The FA is used to assess underlying needs of children and families	QCR data on FA	Baseline 52.4% goal 60%	17.1.1 Develop curriculum for supervisor training to teach how to help workers better implement PM skills	Dec-05		State training team	Supervisor training is in the development process. An outline of outcomes has been created. This first module on "work with the work team" is in development and will be presented initially in the summer of 05.	
				17.1.2 Develop Region training plans	Feb-06		Region training teams		
				17.1.3 Training is provided in every region	Jul-06		State and region training teams		
WB 1 item 18 Child involvement in case planning	18.1.1 Parents and children are involved in case planning through the use of the CFT. There is a written CFSP in SAFE for each case	Data from SAFE on involvement of parents in the CFT	Baseline not available	18.1.1 Develop curriculum for supervisor training for better implementation of PM	Dec-05		State training team	Supervisor training is in the development process. An outline of outcomes has been created. This first module on "work with the work team" is in development and will be presented initially in the summer of 05.	

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Item 25 case review	Same as above	CPR data on CFT involvement	Baseline in home 47% goal 55% FC 63.3% goal 67%	18.1.2 Develop region training plans	Feb-06		Region training teams		
				18.1.3 Provide training in every region	Jul-06		State and region training teams		
	18.2 When appropriate, fathers are located and involved in case planning	QCR results on Child and family participation, child and family team and coordination, child and family planning process	Baseline 67.3% goal 70% baseline 60.8% goal 64%	18.2.1 Develop PG regarding locating and involving fathers in case planning through PM skills	July 2005 present to board August 2005		Permanency and CPS pm		
				18.2.2 Distribute practice alert	Oct-05		CPS, Permanency and family based pm		
				18.2.3 Identify at least one individual in each region to act as kin locator	Apr-05	Jan-05	Region directors or designees	All regions have identified individuals to act as Kin Locators. These workers are trained by ORS to access information in the ORSIS system to search for paternity.	A list of the kinship locators is attached

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				18.2.4 Train kin locators to use the data base of the Office of Recovery Services to help track paternity information and locate parents or kin	Jul-05		CPS, Permanency and family based pm	Eastern Region has two workers who were identified as kin locators and have still not been trained.	
	18.3 The case planning functionality in SAFE is implemented and workers are able to use it effectively			18.3.1 Develop and release the Case Plan functionality for the SAFE system	Jul-05		SAFE team	We are requesting an extension on this item. The SAFE programmers have found that the programming is more difficult and extensive than projected. The release is expected to be ready for September 2005.	
				18.3.2 Provide training in each region on new case plan functionality	Oct-05		SAFE team		

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WB 1 item 19 worker visits with child	19.1 workers visit children at a frequency that provides for the safety and well being of children and are focused on the goals established by the CFT and the provision of services to meet the goals	Data from SAFE on visits to the child	Baseline in home 88.2% goal 90% FC 87.8% goal 90%	19.1.1 Develop PG on frequency and content of visits between workers and children for both in home and FC cases	Developed April 2005, present to board May 2005, implemented July 2005		Policy, permanency and family based pm		
				19.1.2 Rewrite PM intervention module with more specific information regarding reasons for worker visits and how visits are conducted	Apr-05		State training team		

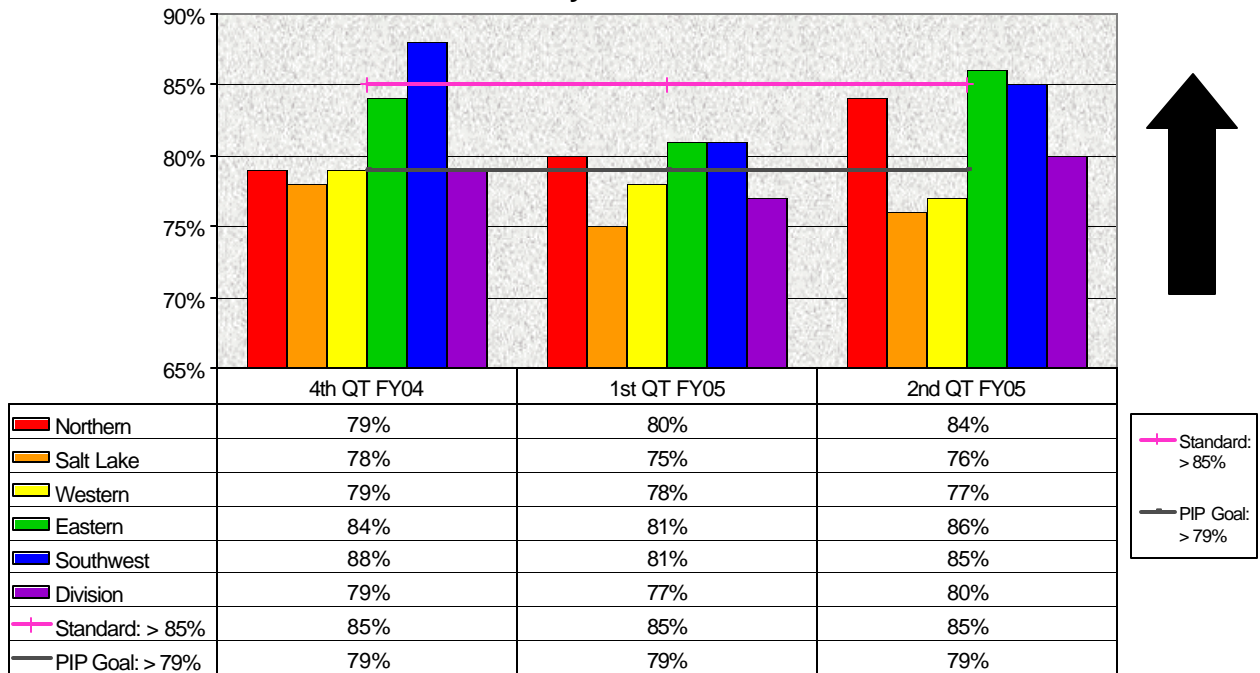
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WB 1, item 20 worker visits with the parents	20.1 Workers visit with parents at a frequency consistent with the goals determined by the CFT and focus on the establishment of goals and services needed to meet the goals for the family	Data from SAFE on worker visits with parents	Baseline not available	20.1.1 Develop training on new PG for visits between workers and parents	April 2005		Permanency and family based services pm		
				20.1.2 Provide training in each region	Jul-05		Practice Managers and region training teams		
Outcome WB 3									
No item	22.1 follow up treatment prescribed in the initial health and mental health assessments is consistently completed and recorded in SAFE	Data from SAFE on health and mental health follow up	Baseline physical health 69.7% goal 73% mental health 78% goal 80%	22.1.1 Determine barriers to follow up treatment recommended	Jan-05	Jan-05	Perm and family based pm and director of fostering health children		An email from the Director of Fostering Healthy Children is attached.



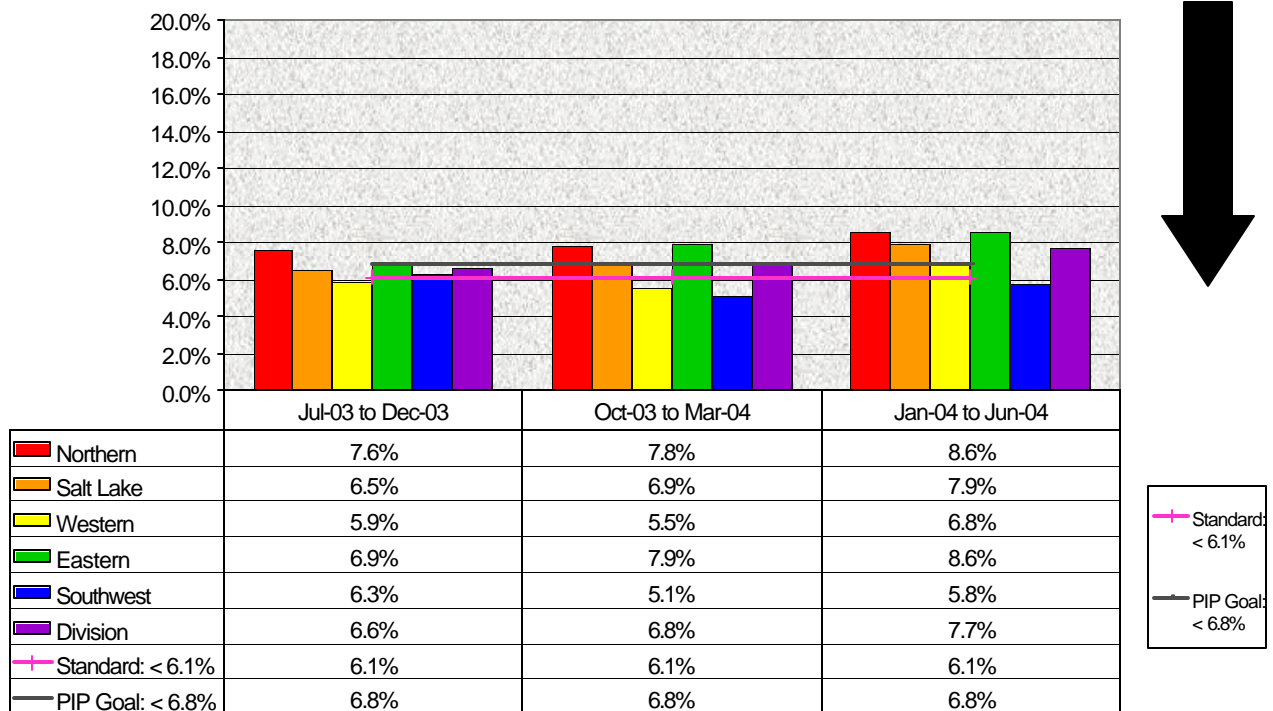
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				22.1.2 Develop and implement a plan to reduce/eliminate barriers and improve follow up completion	Jul-05		Perm and family based pm and director of fostering health children		

# Data Measures

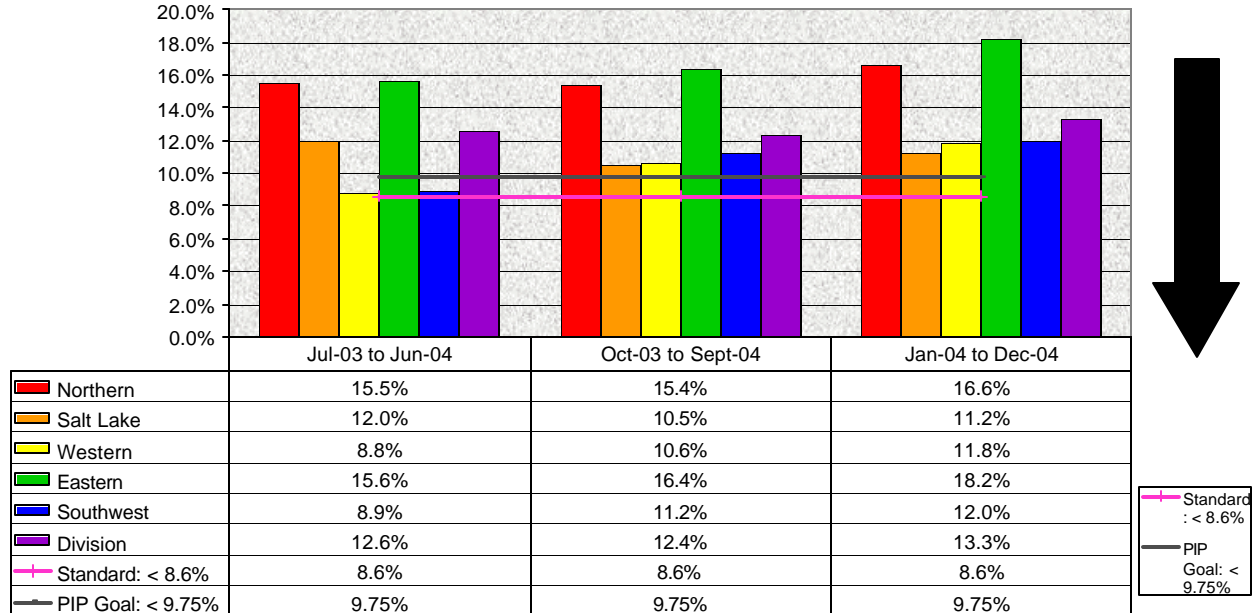
**Percent of Priority Timeframes Met on Time**



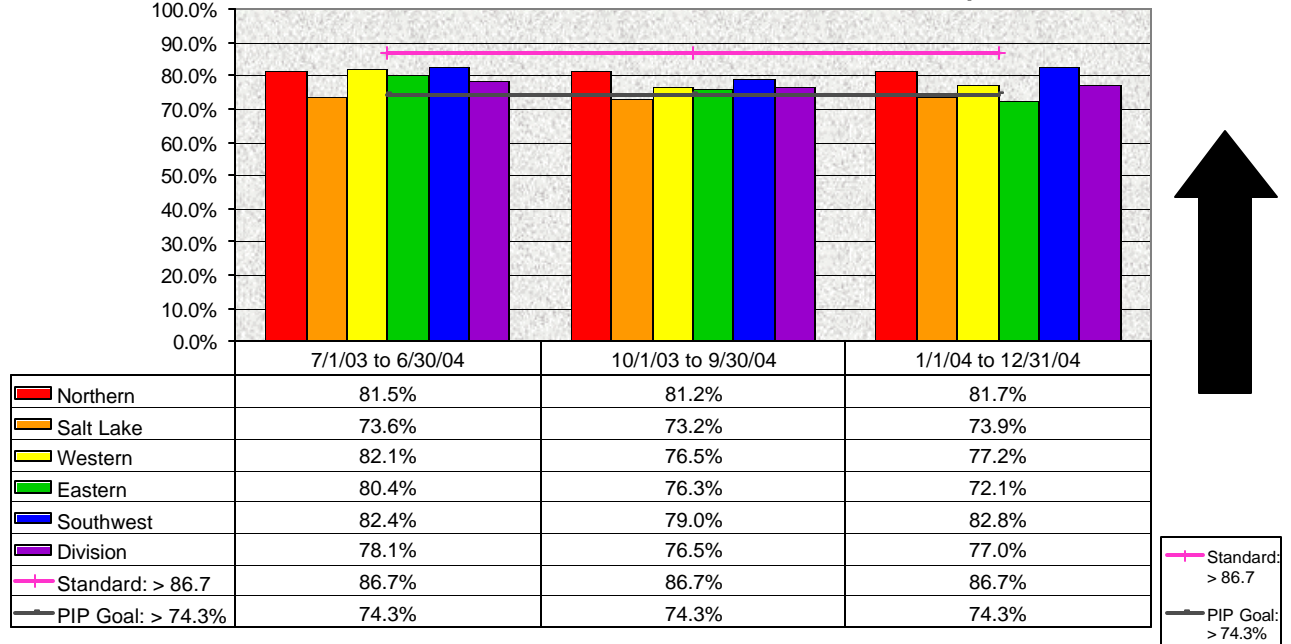
**Percent of Children with Subsequent Supported CPS Cases within 6 months**

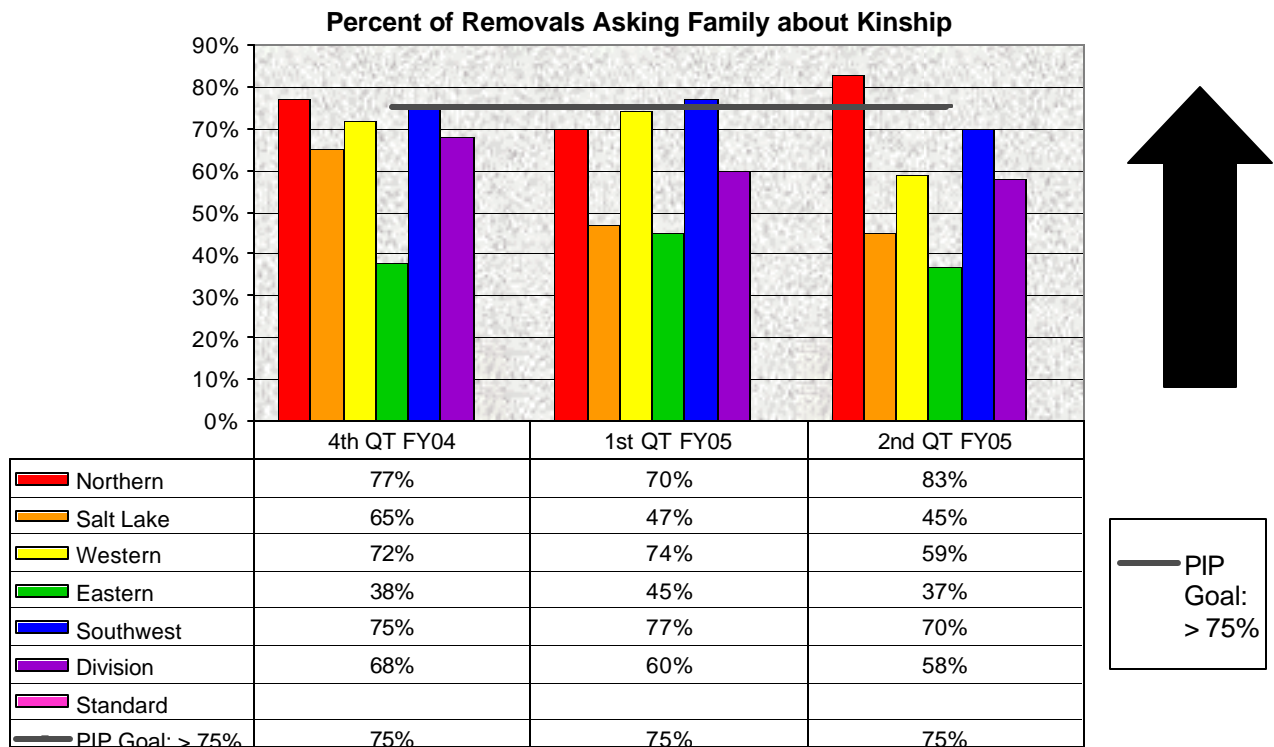


**Percent of Children who Re-entered within 12 months of a Prior Removal**



**Percent of Children in Care 12 months or less with fewer than 2 placements**



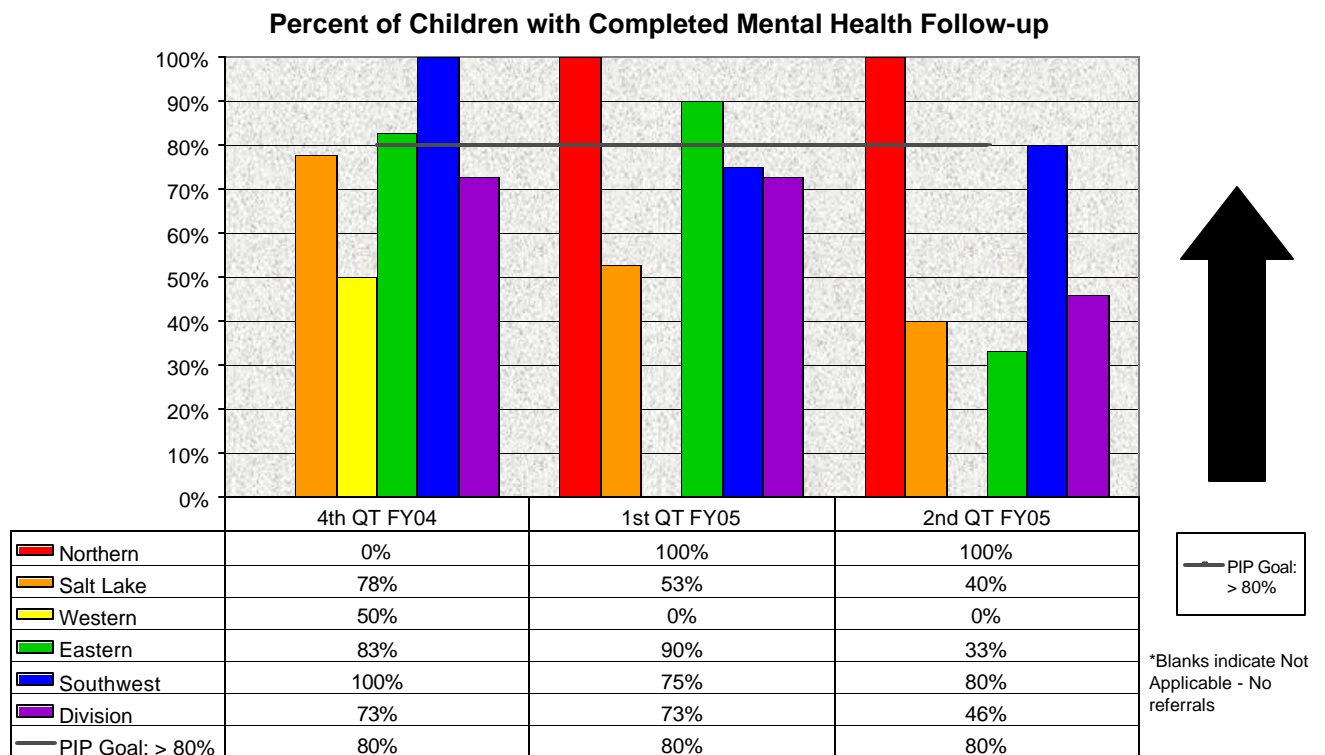


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# Addendum





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**From:** Carol Miller  
**To:** HS\_ALLDFS  
**Date:** 1/31/2005 11:41:51 AM  
**Subject:** Practice Alert - CPS workers and supervisors

TO ALL CPS WORKERS AND SUPERVISORS:

This is to notify workers of changes that are being made in CPS practice. CPS workers need to enter Child First Seen dates within 5 days of the assigned case priority. In an effort to support this change and encourage best practice, a notice has been added to the SAFE system. As of February 07, 2005, Notice #77 -Safety Alert will appear in the notification window of CPS workers and their supervisors. They will receive this notice if they have not entered Child First Seen information within 5 days of the priority time frame.

In order to mitigate the impact of this additional notice, workers please take the time now to go through your open cases and enter the Child First Seen dates. If this information has not been entered be aware that you will end up having an alarming number of notifications when this update is released.

Please send any questions or comments to Charlotte Gibbons via email at [CHARGIBBONS@utah.gov](mailto:CHARGIBBONS@utah.gov).

Thank you for your attention to this matter.

--Carol Miller  
Program Support Specialist  
Child and Family Services

# DCFS Supervisor Conference

*FOCUSING SUPERVISION THROUGH LEADERSHIP AND INTERVENTIONS*

November 9 and 10, 2004

University of Utah Officer's Club

## ***Tuesday, November 9***

**8:00 to 8:30am**

Registration

**8:30am to 4:15pm**

3 Repeating Workshops (attend each workshop as assigned)

### **Workshop**

### **Facilitators**

### **Location**

**Continuous Improvement Through Leadership**

Richard Anderson, Paul Smith, and Craig Alder

Commander's House  
Den

**Focusing Supervision Through Intervention Strategies Group A**

Reba Nissen, Paul Schaaf, Shirley Mitchell, Patti VanWagoner, Carolyn Nay

Officer's Club  
South Conference Room

**Focusing Supervision Through Intervention Strategies Group B**

Linda Wininger, Judy Miller, Mark Robertson, Boni Seals, Janet Brown, Spence Morgan

Commander's House  
South Parlor

**Management and Improvement Through Data Reporting**

Navina Forsythe, Karrie Penney, Linda Prince, Bev Hart, Jeff Harrop

Officer's Club  
East Conference Room

## ***Wednesday, November 10***

**8:00 to 8:45am**

Full Breakfast

**8:45 to 10:45am**

Director's Morning (Awards, Q and A)

**11:00am to Noon**

Sharing Innovations with Todd Minchey and Southwest Region Supervisors

**Noon to 2:00pm**

Lunch and Keynote, Katie Gregory

## Using Data as a Tool for Management

slide 1

How do you currently manage your unit?

How do you ensure workers are following practice guidelines?

How do you know you are providing effective services?

slide 2

## DATA IS YOUR FRIEND

slide 3

### What is Data?

Data is simply information. The key is that you want the information to be a true (valid) representation of the topic you are examining. And you want information that is representative (generalizable) of the population you are examining (your unit, your office, your region, the state).

slide 4

### Data Reports Can be a Useful Management Tool.

- ❖ As managers you cannot know everything that is happening on every case.
- ❖ There was a history of reliance on lack of complaints to inform that things weren't going wrong. A better way to manage is to have accurate knowledge of your performance.
- ❖ Keeping complete, accurate records is an important part of social work and managers can utilize this information.

slide 5

### Why is documentation important?

- Helps workers track what they have done
- Helps others see what has been done
- Can be used as a defense against complaints
- Gives information about the client population served and their needs
- Gives information about how well performance goals are being met

slide 5

### Types of Reports

- Outcome Reports: These type of reports help answer the question Are the services we provide effective? They tell us how well we are performing at our goals of safety, permanence, and well-being. For example, does providing in-home services prevent future abuse? When we release a child from foster care, do they later re-enter care? Includes a long-term view for the child or family.

slide 6

### Types of Reports

- Process Reporting: These reports measure things that people believe lead to good outcomes. This is the philosophy behind case process reviews, that if workers complete certain tasks in a certain way it will lead to good outcomes. For example were home visits done, service plans completed? There are two types of process reports:

slide 7

### Types of Reports

- Process Reporting:
  - 1. Exception reporting: Part of process reporting is exception reports. These reports tell us what things were not done that we think should be done. For example children who were not seen within the priority time period.

slide 8

### Types of Reports

- Process Reporting:
  - 2. Best case practice reporting: Another part of process reporting is best case practice reports. For instance it is often thought that if a child has a successful trial home placement for 60-90 days that we should terminate custody. We can look up all kids that have been in trial home placement for longer so that people are aware of them and can evaluate whether or not custody should be terminated.

slide 9

### Types of Reports

- Demographic Reports: These are reports that give you a picture of the type of clients that you serve. What types of cases do we have? What ethnicity are our clients?

slide 10

### What reports are currently important to administration?

- Federal Outcomes and data for Program Improvement Plan (PIP)
- Qualitative Case Review and Case Process Review data elements
- Other Adhoc Requests

slide 11

### How Can Supervisors Use Data Reports as a Tool?

- Review how your unit is performing against the state, the region, some goal or standard that has been set.
- Review how individual workers are performing.
- Work with struggling workers to identify their barriers, set up mentoring.
- Praise workers who are performing well or provide incentives.
- Share innovative practices you have discovered with administration that are successful.

slide 12

### How Can Supervisors Use Data Reports as a Tool?

- Identify what system factors may be impacting success and work to solve with administration (e.g. lack of community services in a particular area).
- Identify if there are specific populations that seem more challenging in a specific measure (e.g. you notice that children returned home where drug abuse is an issue seem to re-enter more). Workshop with administration what can be done to work toward better outcomes for this population.

slide 13

### What if Data Report Does Not Look Accurate?

- DON'T: Just set it aside and determine you aren't going to use it.
- DO: Call the Data Team (Navina Forsythe) to ask about it. It may be that:
  - The report programming is flawed and needs to be fixed.
  - You need a clearer explanation of the data/report.
  - The data entered in SAFE by workers or techs may be incorrect.

WE CAN'T FIX ANY ERRORS OR EXPLAIN THE DATA/REPORT IF YOU DON'T CONTACT US – PLEASE CALL WITH ANY QUESTIONS OR CONCERNS.

slide 14

### Reports for Administrators

We now have a way that you can access reports for your units to help you manage. The reports included are the data measures we are monitoring for the PIP.

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### How to Access Supervisor Reports?

Reports can be accessed online via the data warehouse. Before you can access them proper security must be set up.

1. Send a request to Navina Forsythe for access and send her your LAN login.
2. Complete the Data Warehouse Access Request form and send/route/fax to Navina Forsythe. (fax: 538-4420). Form is at <http://www.hsdw.state.ut.us/AccessFormEmployee.htm>

**DCFS:**  
Hand out copies of Data Warehouse Access Request form, for those who do not yet

slide 16

### How to Access Supervisor Reports?

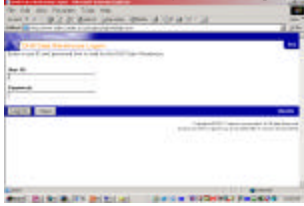
The data warehouse is located online at <http://www.hsdw.state.ut.us/>. To access the data reports for supervisors you will need to use Internet Explorer. Click on Enter Data Warehouse.



slide 16

### How to Access Supervisor Reports?

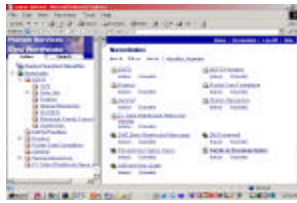
You will see the login screen. You will get a login and password once your security has been set up.



slide 17

### How to Access Supervisor Reports?

Once you log in you will see a personal newsbox and any other folders you have rights to (probably just DCFS). Click on the plus sign by DCFS and you will see a folder named supervisor



slide 18

### How to Access Supervisor Reports?

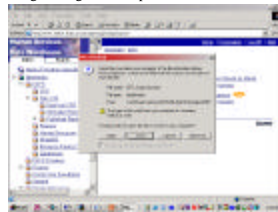
In the supervisor folder are three report applications and a cube that you can query to get Caseload info.



slide 19

### How to Access Supervisor Reports?

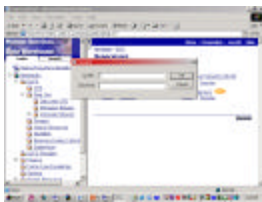
Click on one of the application buttons. (CPS\_Supervisor, HB\_Supervisor, SCF\_Supervisor). When you get the following message click 'Open' – DO NOT CLICK SAVE



slide 20

### How to Access Supervisor Reports?

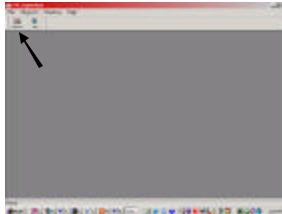
You will get another pop-up. Enter your SAFE user id and password.



slide 21

### How to Access Supervisor Reports?

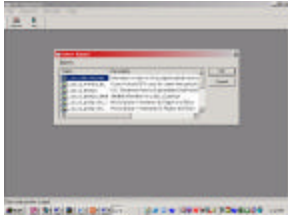
The following application will open. Click on the Reports button.



slide 22

### How to Access Supervisor Reports?

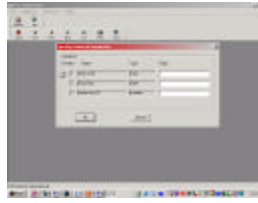
You will get a menu of the reports with a brief description of their content.



slide 23

### How to Access Supervisor Reports?

To run a report either highlight it and click okay, or double click on it. You will get prompts for certain information such as your Supervisor\_id or data parameters.



slide 24

### How to Access Supervisor Reports?

Click okay and then you will get the report.



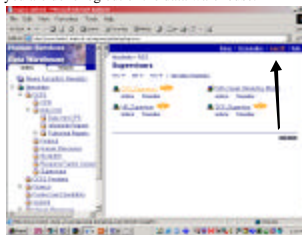
Use the next buttons to navigate through the pages, the close button to close the reports, the exit to exit.

Review reports

slide 25

### How to Access Supervisor Reports?

When you are done log out of the data warehouse.



slide 26

### What else would be useful to you?

We can report on almost anything entered in the SAFE system.

The data warehouse can also connect with other systems, like the courts, etc.

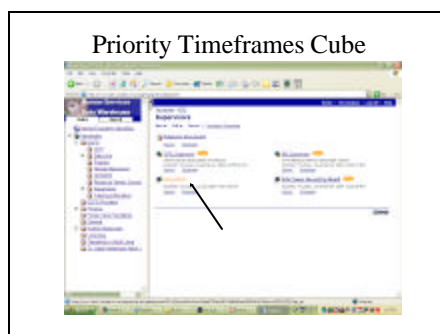
If you have an idea of data that would be useful to you please call or email Navina Forsythe.

Your Regional Information Contacts may also be able to help you.

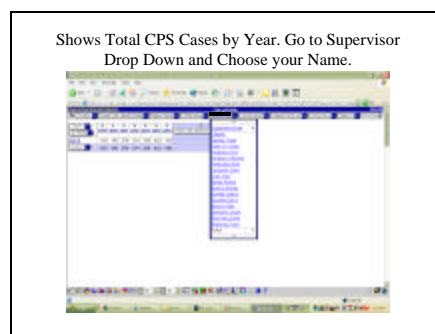
Hand out list of Regional Information contacts.

slide 27

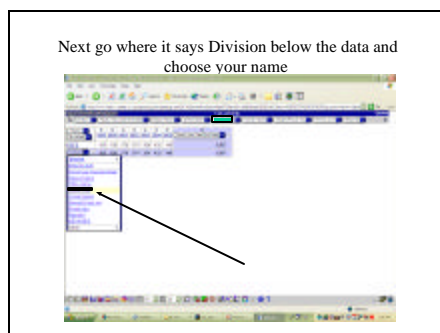




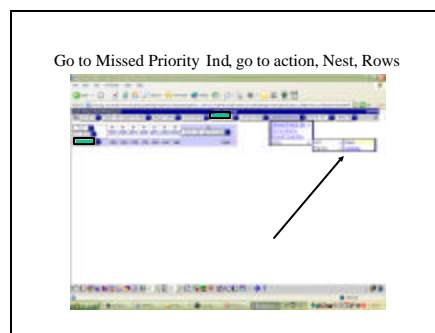
slide 1



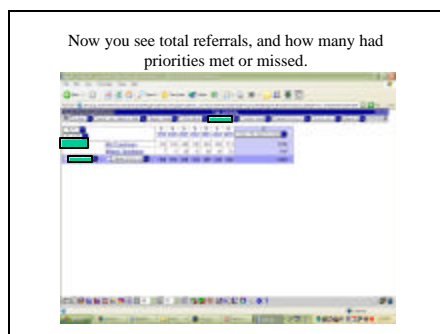
slide 2



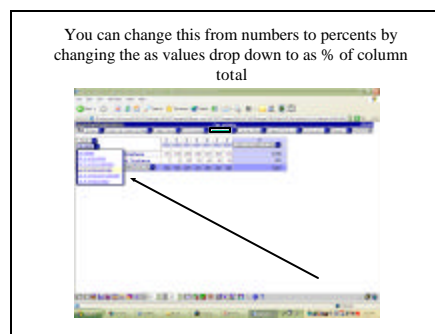
slide 3



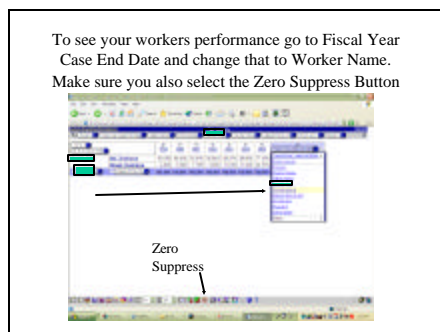
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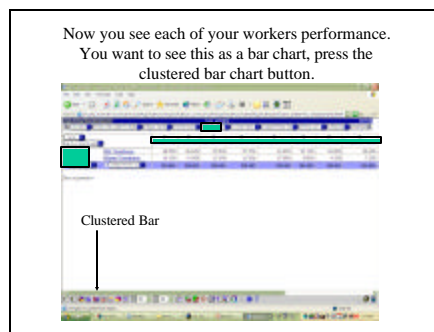
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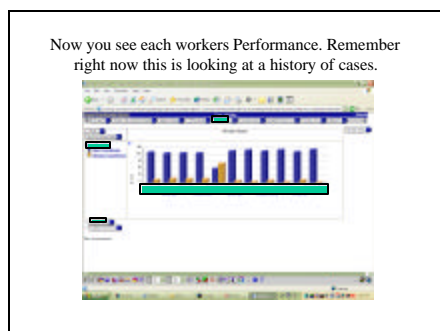
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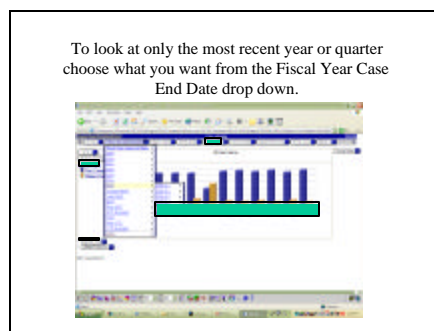
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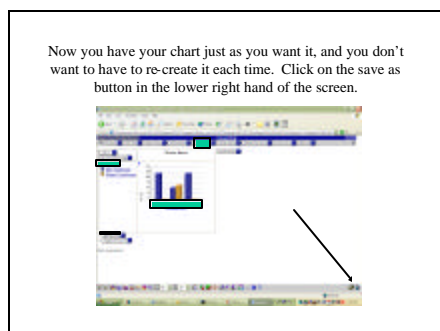
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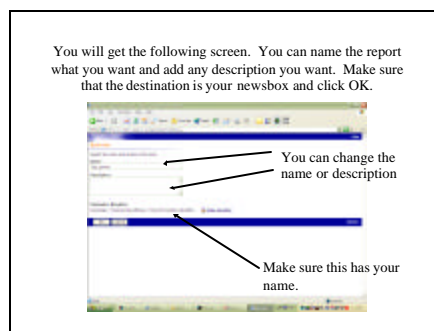
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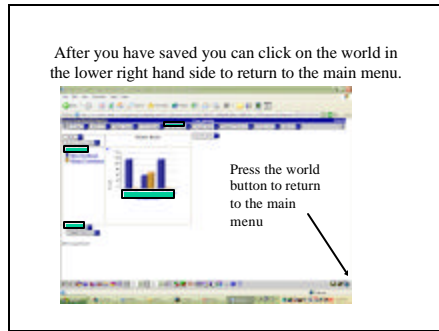
slide 10



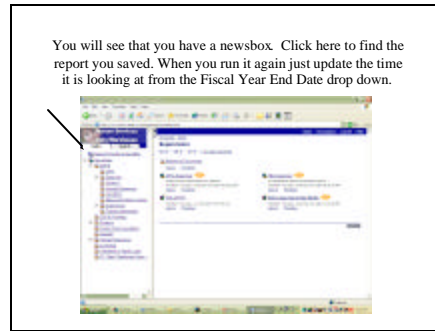
slide 11



slide 12



slide 13



slide 14

#### Western Region

We use the data reports each week regarding the PIP goals, and other foster care data reports, to review all overdues in the region, all areas where we are making progress, comparing to the last available report, and to make plans for what to address the following week (or month, or quarter depending on the report). We're seeing progress in priority timeframes, which is fantastic.

#### Southwest Region

Milestone Plan/Performance Data has been an on-going Southwest Region Administrative Team (SRAT) agenda item for several years, so SRAT has a long history of tracking, analyzing, stratagems and adapting data reports. Our success in using Case Process Review/Qualitative Case Review data to help us focus on improving process and practice is evident in our regions performance in CPR and QCR evaluations. With the advent of CFSR/PIP, our focus is now shifting (even more so after our anticipated "passing" of the QCR in Feb.) to PIP data/outcomes with an on-going SRAT agenda item and a process similar to that used in the past (see Southwest Region PIP Plan). The expected outcome is a replication of our success with CPR/QCR where Southwest Region meets/exceeds all performance goals measured by the PIP while maintaining our highest priority on successful practice outcomes (safety, permanence and well-being) for children and families.

#### Salt Lake Valley Region

We meet almost every week and discuss at least one data report. Discussion included specific actions that can be used by front line workers such as thorough assessment, interviewing skills, mentoring new staff. These suggestions are taken by meeting attendees and shared with the people they supervise for implementation.

#### Northern Region

We use data at all of our administrative meetings. Every month we review a plethora of items, which varies as well as routine data in terms of #'s of children in care/ levels of care. We also review the adoption/guardianship movement each month. In addition to this there are data reports of overtime, cell time use, UA costs, team budget expenditures for clients etc in terms of financial management. The variable sort of items are often data the regional IA produces, i.e., Number of child and family team meetings by worker, number of cases which are due/overdue for service plans etc. We also look at PIP items and strategize regional/office efforts.

#### Eastern Region

Data reports are generated and used at each monthly administration meeting. Assignments are made to improve practice related to the reports. There is follow up on the items in the next administration meeting.

### 301.4

### Selecting An Out-Of-Home Caregiver

#### Major objectives:

When choosing an out-of-home caregiver, the worker will provide all necessary information about the child's permanency plan, family visitation plans, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child. In addition, all of the following will apply:

- A. An out-of-home caregiver will be selected according to the caregiver's skills and abilities to meet a child's individual needs and, when appropriate, an ability to support both reunification efforts and consider serving as a permanent home for the child if reunification is not achieved.
- B. Each placement will be staffed and will be made in accordance with placement requirements.
- C. A child in Child and Family Services custody will be placed with an out-of-home caregiver who is fully licensed. A child may be placed in a home that is conditionally licensed only if the out-of-home caregiver is a kinship placement.

### **Summary of the Law**

No governing statute.

#### Practice Guidelines

- A. Prior to placement, the out-of-home caregiver should be provided information about the child's needs from either the regional resource family consultant or out-of-home worker so they can make an informed decision as to if they can care for the child.
  - 1. Providing Full Disclosure: Possible issues to address with a prospective out-of-home caregiver.
    - a. The reason for DCFS intervention and out-of-home care placement such as, threats and risks to the child's safety and how they can be addressed,
    - b. The DCFS process for the selection of the child's out-of-home placement including assessment and planning,
    - c. The obligation to give first preference to a prospective adult relative caregiver and assess their capacity to serve as placement and possible permanent resource,
    - d. Parents' residual rights and responsibilities in continuing to plan for their children even if placed with a relative care provider,
    - e. Explain permanency planning timeframes as well as the range of permanency planning options including primary and concurrent permanency goals,

- i. Ask the out-of-home caregiver about their willingness to support and assist with reunification efforts,
    - ii. Ask the out-of-home caregiver about their willingness to adopt or take guardianship if the child is unable to reunify with their birth family,
  - f. Expectations the agency will have for the parent's, family members, and out-of-home caregivers, in regards to the child and family plan, child and family team meetings, visitation, court, health and mental health appointment, etc,
  - g. Children's urgent need for their parents and family members to be involved in planning, visitation and decision-making about what will happen during DCFS involvement,
  - h. Discuss purpose, frequency, types and guidelines of visitation for children with parents and siblings.
  - i. Children's developmental need for safety, level of risk or threat to self and/or others, connections to family, continuity of care, and connections to culture, as well as information about the child's medical, dental, mental health, educational, social, behavioral, and emotional needs.
- B. The out-of-home caregiver will be selected based on willingness and ability to implement the child's primary and concurrent plans, which may include willingness and ability to adopt or take guardianship of the child if reunification is not possible.
- C. The out-of-home caregiver must be willing and able to interact with the child's family and assist the child in maintaining and strengthening family connections.
- D. The out-of-home caregivers will be selected based on their willingness and ability to respect and support the child's religious and cultural practices and, where practical, appropriate, and where no denial or delay of placement will occur, are of the same religious faith and cultural background as the child.
- E. The child will be placed with an out-of-home caregiver sensitive to the child's cultural heritage and linguistic needs. At least one out-of-home caregiver in the home must demonstrate effective communication in the language of the child placed in care.
- F. The out-of-home caregivers must be willing or able to learn to proactively respond to challenges and conflicts associated with placement.
- G. When a child re-enters the temporary custody of Child and Family Services and is to be placed in out-of-home care, the child's former out-of-home caregivers shall be notified immediately. The out-of-home caregivers will be given preference for placement of the child if willing and able to safely and appropriately care for the child. [See: Utah Code Ann. [§62A-4a-206.1](#).]

H. Best practice would be to allow the prospective out-of-home caregiver to be given an opportunity to review the child's file before making any long-term decisions regarding the care of the child. The file may contain information that will help the family decide if they have the necessary skills and support to meet the needs of a particular child in out-of-home care. Once a child is placed with the out-of-home caregiver, the file also has important documents that the family may want to copy if not in the Home-of-Home Book, for example immunization records and school placement information. The following guideline should be followed when a prospective out-of-home caregiver reviews a child's DCFS file:

1. Instruct the prospective out-of-home caregiver that the information in the child's file is one way to help them decide whether or not they have the resources and skills to meet the child's needs.
2. The prospective out-of-home caregiver should be aware that the information in the file is often subjective opinions of the caseworker or therapist written at one time in the child's life. Circumstances and the child's development can change the way a child behaves and adjusts to current life situations. For instance, the child may have received many different mental health diagnoses. The mental health diagnoses in a child's file is affected by each therapist's interpretation, the child's developmental stage, factors in the child's environment, and different life circumstances.
3. The confidentiality agreement must be signed by the prospective out-of-home caregiver. [SAFE form DCFS02]
4. Caseworker should orient prospective out-of-home caregiver to the structure of the files and where information is located.
5. Caseworker should counsel a prospective out-of-home caregiver to consider specific types of information, such as medical conditions, disabilities, mental health diagnoses, placements and transfers, educational needs, and other considerations for the child.
6. The following guideline directs a prospective out-of-home caregiver to look for specific information they will need to parent the child and identify information to copy once a child is placed in their home, if not found in the child's Home-to-Home Book.  
[Red type identifies information to copy if not found in the child's Home-to-Home Book.
  - a. Medical Information: immunizations, all allergies including food allergies, any disabilities and treatments, current medications and implications of discontinuing medications, history of illnesses, conditions from abuse or neglect, serious accidents, surgeries, past doctors, and hospital of birth
  - b. Dental Information: dental records, past dentists, and orthodontic work, and orthodontist.

- c. Educational Information: schools and grades, evaluations, special education plans such as Individual Education Plans (IEP) or Student Education and Occupational Plans (SEOP), learning disability including specific disability and tests results.
  - d. Mental Health Information: Current and prior therapists and history of treatment, diagnoses and especially current diagnosis. What the diagnosis means in raising a child, what behaviors connected with the diagnoses, and how are connected behaviors best dealt with. The Resource parent should be encouraged to talk directly with the child's mental health therapist when possible.
  - e. Family History: Family History form, family situation, moves or stability factors, abuse and neglect history, domestic violence, reason for the child's removal from their biological family, culture, genogram including the siblings (with their birth dates), time lines. Family member's talents, hobbies and interests. Family photos, especially photos with the child as a baby and early in life. Letters to the child from relatives, especially mother and/or father.
  - f. Child's Personal Information: Developmental history, when available. Placement history including the child's adaptation. Photos of the child, of pets, of foster parents or of other significant caretakers. The child's art work, creations, or projects. Stories about the child's birth and early life. Church records such as, baptismal, christening, Bar mitzvah, and confirmation records, activities such as scouts, sports, choir, etc. Favorite foods, favorite toys or stories, names of friends, and other things that may help the child feel more secure such as chores and house rules or bedtime routines.
7. After the prospective out-of-home caregiver has looked through the file, talk with them about what they found. Give them health and mental health diagnoses summary sheets, and answer questions they may have.



- a. Helpful websites include:
    - i. American Academy of Child & Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)
    - ii. American Psychological Association  
[www.apa.org](http://www.apa.org)
    - iii. [American Academy of Pediatrics](http://www.aap.org)  
[www.aap.org](http://www.aap.org)
  - b. Give the prospective family time to think about all they have learned. Encourage them to set another appointment to talk and ask other questions.
  - c. Help the family know the importance of keeping the child's information and history.
- I. Encourage out-of-home caregiver to review the child's file several times and especially after the child has been with the family for a couple of months.

## **Supporting Kinship Care Breakthrough Series Collaborative**

### **1. State Agency**

Utah's Division of Child and Family Services (DCFS) is a state administered agency within the Department of Human Services. The DCFS mission is to protect children at risk of abuse, neglect or dependency. This is done by working with families to provide safety, nurturing and permanence. DCFS is the lead child welfare and domestic violence agency for the State of Utah. DCFS works in partnership with the community in this effort and provides child protective services by investigating reports of child abuse and neglect. DCFS also provides home-based, foster care, and domestic violence services.

The State office is located in Salt Lake City and contains the director's office and teams for finance and accounting, grants and federal revenue, contracts management, information systems, policy and planning, and program administration and management. The state office is responsible for planning, budget and accounting, legislative affairs, federal programs management and coordination, policy development, information system development and maintenance, and overall management of programs and services. The actual delivery of services to children and their families is carried out through five geographically defined regions. A regional director leads each region and has delegated authority to manage the region, including deploying resources, creating contracts, forming interagency partnerships, and making personnel decisions.

DCFS works collaboratively with a variety of agencies in providing support services for any kinship placement with continued child welfare agency involvement. However, DCFS caseworkers are the primary case managers for formal and informal kinship placements in the child welfare system. These children and families may have access to support services such as counseling or parenting classes through contracts with other agencies. DCFS does not have any contracts with private agencies specifically for kinship care at this time.

For example, DCFS partners with the Children's Service Society, a non-profit organization, that provides parenting classes, childcare, and other resources to families. This organization has developed a Grandfamilies program to provide support, information, and advocacy for grandparents and other relatives-as-parents that are raising relatives' children. This program provides support to the relative caregiver and the children who are involved in these relationships. Also, Jewish Family Services provides support to grandparents raising kin through their Grandparents Raising Grandchildren Program, an 8-week family building program providing information on legal, financial and psychological issues. Children participate in a group simultaneously, addressing their issues. In addition, the Utah Foster Care Foundation, a non-profit organization that recruits and trains resource families (foster, adoptive and kinship providers) for the Division of Child and Family Services, has established support groups for caregivers. These support groups are open to kinship caregivers who are involved with the child welfare system. These cluster support groups are an excellent resource for education and training for caregivers.

The Supporting Kinship Care Breakthrough Series Collaborative will advance the development of resources to assist kin placements that are working with DCFS and also those families not involved with DCFS.

**2. What changes in your system have been made within the past three years to improve how quickly kinship caregivers are identified in the process of serving children and families, how they are supported, and their role in case planning? Who was involved in making these changes?**

The Division of Child and Family Services has increased the use of relative placement for children who are not able to remain in the care of their parent/guardian because of issues of abuse neglect and/or dependency. Utah law mandates a search for potential kinship caregivers when a child is removed from the home. While this practice has been around for many years, it has just been within the past five years that we are identifying the system challenges that many of our relative caregivers are facing when children are placed in their care. Unlike other states, Utah has been able to develop a model of informal kinship care that is supported by the Juvenile Courts in that relatives are being given temporary custody of the children that they are willing to have placed with them. Most states still require any relative caregiver to become a licensed foster care provider in order to care for children in their systems.

As recently as May 2003, the Division of Child and Family services adopted Practice Guidelines to help DCFS employees understand the significance of Kinship Care and the importance of assessing the child and family needs in making decisions regarding placement. Kinship providers, community partners, and state personnel participated collectively in the review of practice guidelines, state planning sessions, and development of the state's Program Improvement Plan (PIP) through various workgroups.

The Division of Child and Family Services promotes kinship care as the first option for a child who cannot safely remain with a parent or guardian because of child abuse, neglect or dependency. Utah law requires that a reasonable search for relatives be conducted by DCFS whenever a child has been removed from a parent or guardian due to allegation of abuse or neglect and that preferential consideration be given to relatives who come forth as potential placement options for children. The Division of Child and Family Services has implemented practices to ensure that the search for relatives is a priority.

In 2002, Utah law 62A-4a-209 Emergency Kinship Placement, was established as an opportunity for DCFS to utilize kinship care upfront with a child and allow that child to remain with a relative while a thorough assessment takes place. As long as the placement is made in accordance to state statute, the child may remain there while the agency explores all potential kinship caregivers and the supports that they will need to care for the child before moving quickly to a short-term solution.

In other circumstances, courts can order a child into agency custody and relatives of the child become licensed as foster parents (formal kin providers). These kin providers have an array of resources and support services available to meet the child's needs. A majority of federal funds available to assist DCFS in providing resources and support to families are available only to the population of children in formal foster care placements.

For other children, courts in the state of Utah have made informal kinship care a frequent practice when children are removed from their homes for abuse and neglect. In these cases, judges place a child in the temporary or permanent custody of a relative caretaker and avoid placing the child in the custody of the state agency. This provides an opportunity to keep children connected with their families, but also creates challenges in accessing resources and supports needed to provide stability for the child. Frequently, DCFS continues to be involved with these informal kin caregivers.

DCFS is less formally connected to a larger population of relatives who are caring for their kin without formal involvement with the child welfare system. Census data collected by Casey Family Programs and published on their website shows that 1 out of 17 children in the state of Utah are in homes where the grandparents or other relatives are the heads of the household. It is estimated that grandparents are meeting the basic needs of their grandchildren for 15,989 children. The division of Aging and Adult Services, also within the Department of Human Services, reports that there is an increase in the number of grandparents caring for their grandchildren.

A recent indicator of Utah's commitment to developing its kinship services was Utah's acceptance as part of the Brookdale Relative As Parents Program (RAPP) State Initiative in February 2004. This initiative will advance the development of resources to assist kin placements that are working with DCFS and also those families not involved with DCFS.

### **3. What are the key challenges you face in the early identification and ongoing support and inclusion of kinship caregivers?**

The Division has faced several challenges related to early identification, ongoing support, and inclusion of kinship caregivers. First, Utah's Emergency Kinship Placement law established the opportunity for DCFS to identify kin early and utilize kinship care upfront when a child is removed from home due to abuse, neglect or dependency. However, the process through the courts often moves quickly from emergency kinship placement to custody and guardianship with a relative without the kin guardians having had sufficient opportunity to assess the feasibility of serving as a long-term kin caregiver for the child.

Also, with the process moving so quickly, the family may not have identified necessary resources and supports to help them be successful in meeting the child's needs. DCFS has faced the challenge of trying to slow down the process, supporting the caregiver in an emergency placement role while ensuring that information needed to make best placement decisions is obtained. This information is critical to share with the courts before a determination is made regarding granting custody and guardianship with the relative. Slowing down this process will allow the child to remain with a relative while a thorough assessment of the child; family, and all potential caregivers take place.

Ongoing support of caregivers is also a challenge, particularly when custody and guardianship has been given to kin caregiver rather than remaining with the child welfare agency. When children are in foster care, Federal and State resources are readily available to support care. However, when custody has been given to kin, far fewer resources are available. For example, children may qualify for a specified relative payment through the Department of Workforce Services when in a non-foster care kin placement; however, the monthly payment on behalf of the child is significantly lower than a basic foster care payment. Similar resource discrepancies occur for other needed

services. There are also significant differences on the availability of community-based resources in rural and urban areas.

In addition to lack of resources, another challenge is that even when services are available, kin providers and caseworkers may be unaware of those community resources. If a caseworker is not aware of the resources in the community that can assist a kinship caregiver or does not understand the dynamics of the kinship care system and unique needs associated with kinship care, then the family may not seek out support services.

And finally, as more information is gathered about kinship care, the Division is able to see, through hindsight, how some practices from the past and inability to grasp the dynamics of kinship care are creating barriers for supporting kinship caregivers in the long run. For example, these families are challenged by the daily expenses of adding additional children to their families as well as coping with internal family system issues. The family dynamics of the caregiver's relationship with the parents and extended family are changed as they take on the responsibility of kinship care. Many of the caregivers struggle to set boundaries with the parents and other extended family members. These caregivers often see only the short term needs of the child for a place to be temporarily and are not prepared for taking care of these children permanently. Often times the process moves so quickly from emergency kinship placement to custody and guardianship with a relative that they haven't grasped the significance of the choice they have to make on how to be a relative caregiver. They often don't understand the benefits of choosing to become a licensed kinship caregiver. They also must understand that available resources are likely community based and require them to take the initiative to locate.

**4. Describe at least two changes that have been made in your system within the past three years that demonstrate a commitment to improving the connection that children involved in the child welfare system have to their kin?**

Utah's law 62A-4a-209, Emergency Kinship Placement, is a prime example of how Utah has demonstrated a commitment to improving the connection a child has to their kin. With this established law, DCFS can explore all potential kinship caregivers while allowing the child to remain with kin. This also enables the family to explore services and supports needed to care for the child before moving quickly to a short or long-term solution.

Secondly, in collaboration with an implementation committee on kinship practice guidelines, the Division has created an informational brochure called "Information for Families Considering Kinship Care". This brochure provides families with factual information concerning kinship care. Requirements are listed for families who want to become a Licensed Resource Family (foster home), and the importance of partnering with DCFS and what options a family has available to them. Support resources are also listed to help families connect with providers that offer basic services, such as, housing, food, childcare, transportation, financial assistance information and more.

**5. Describe changes that have been made in the past three years to improve child welfare staff understanding of the role of kin in achieving child safety, permanence and well-being.**

As recently as May 2003 the Division of Child and Family services adopted practice guidelines specific to kinship care to help DCFS employees understand the significance of kinship care and the importance of assessing the child and family needs in making decisions regarding placement.

The purpose of DCFS Kinship Care Practice Guidelines is to provide a foundation for our staff on ways families can be supported that allows children to receive the support they need. Key principles in Kinship Practice Guidelines explain that kinship care strengthens and supports families to meet safety, nurturing, and family continuity needs of children by making it possible for children to live with persons they may already know and trust. Kinship care may assist in reducing the trauma children may experience when placed with non-relative caregivers. It may assist in reinforcing children's family history, culture, and sense of identity. Kinship care also helps maintain the children's connection with their siblings and other family members, and assists families to consider and rely on family resources and strengths.

Kinship care includes elements of family preservation, foster care, child protection, and in-home services. Kinship care differs significantly from non-relative foster care in that established relationships may already exist between the child, the parents, and the kinship caregivers. The family dynamics that operate within these relationships affect not only the family but also influence the manner in which the family interacts with the agency.

Secondly, Utah Division of Child and Family Services is at a mid-point in a complete re-orientation and re-shaping of the training program for caseworkers, supervisors and administrative and support staff. This commitment to staff development and training is an important role in improving Child Welfare Staff's understanding of the role kin have in achieving safety, permanence, and well-being. The division has completed an extended period of organizational change and the training development that accompanies such a change. The focus of this training initiative has been practice with families under a model that is strengths-based and family-centered. This practice model works under foundation principles of safety, permanency, well-being/development, cultural competency, partnership, organizational competency, and professional competency. This model achieves desired outcomes through engaging, assessing, teaming, planning and intervening.

The division is also designing and implementing a mentor program that will create support for employees following a formal training. The current focus of mentoring is on new employees and practice needs for experienced employees. Supervisors, trainers and other mentors are involved in providing the mentorship for new employees and meeting the practice needs of all employees.

In 2002, Utah Code Section 73-3a-307(5) was revised stating "preferential consideration may be given to a relative's request for placement of the child, if it is in the best interest of the child, and the provisions of this section are satisfied". When the new practice guidelines were adopted in 2003, they reflect this law by providing placement priorities to caseworkers. Practice guideline 303.3 states the major objective is to "to provide safety and maintain family ties, the child will be placed in the least restrictive/most family-like placement that meets the child's special need, according to the following priorities:

- A. Placement with non-custodial parent.
- B. Placement with siblings.
- C. Placement with kin or extended family who are invested in preserving the child's kinship ties.

- D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification."

**6. How are kinship caregivers included in policy development and implementation efforts in your agency?**

The Division acknowledges the need to strengthen efforts of engaging kinship caregivers on a state level in the areas of policy development and implementation efforts. Work groups are established for reviewing practice guidelines and planning. Efforts will be made to engage kinship caregivers in this process. The Division has had more success on the regional level involving kinship caregivers in regional practices and implementation. The Division is committed to improving this effort.

**7. What data on kinship caregivers are currently collected by the agency? What data on children in kinship care are currently collected by the agency i.e. service data, representation of children of color, permanency data, reason for coming into care, visitation with birth parents? How are these data used in the agency?**

The Utah State Automated Child Welfare Management Information System, SAFE, stores data on kinship providers for both children in the state's foster care system and for children who reside with kin to whom the courts have granted custody and guardianship and who are also connected to the child welfare system through home-based services.

For children in foster care, the placement of the child is identified as kin and the type of kinship is listed. In calendar year 2003 Child and Family Services served 645 foster children in kinship placements.

For children served through home-based services (including voluntary and court-ordered family preservation and supervision) again the placement is listed as a kinship placement. Child and Family Services served 2082 children in home-based kinship placements in calendar year 03.

The SAFE system contains all case and person information of any family member listed in SAFE, with the exception of third party documents. Some of the data is entered in fields where it can be easily queried. Other data is entered in activity logs for the case. We can extract information regarding ethnicity of the children and providers, what types of kinship providers (e.g. grandparents, aunt, uncle, cousin, sibling), why children enter foster care, characteristics of children and parents, contributing factors of the cases, completion of policy required action items (e.g. visitation, health related visits, etc.), case closure information, services paid for on the case, etc.

DCFS enjoys a national reputation for a detailed and accurate data analysis. This technical expertise will provide significant insight into the effectiveness of the proposed program.

**8. Do all five proposed core team members have e-mail and Internet access? If not, please explain.**

Yes

**9. Describe how the five-person team and your proposed extended team represent the diversity of children and families in the jurisdiction served?**

The five-person team consists of state and regional representatives, a kinship caregiver, and a young adult currently residing in a kinship placement. This dynamic team will work together with the extended team in an effort to evaluate, strategize, and effect change in a positive, productive manner. An extended team will be convened which is representative not only of the diversity of children and families in the Northern Region, but also with individuals who can influence this work.

The five member team will work diligently to organize an extended team that will consist of, but not be limited to, representatives of schools, tribal representatives, faith based organizations, community based organizations, law enforcement, courts, public agency staff, additional kinship caregivers, youth and or young adults formerly in kinship care, and birth parents. Information gathered from SAFE, Utah's Automated Child Welfare Management Information System indicates the following:

<b>Ethnicity</b>	<b>In-Home</b>	<b>Foster Care</b>
American Indian/Alaska Native	1.61 %	5 %
African American	3.75 %	7 %
Asian/Pacific Islander	1.24 %	1 %
Caucasian	89.87 %	86 %
Hispanic	21.68 %	23.63 %
Other/Unknown	1.82 %	1 %

\* Children can be listed under more than one ethnicity; therefore, percentages may not equal 100 percent.

**10. Who is the Senior Leader that will be participating in this Collaborative?**

The Senior Leader for this project will be Patti Van Wagoner, Deputy Director, Division of Child and Family Services. Ms. Van Wagoner will represent the Division of Child and Family Services as the Senior Leader for this BSC. Ms. Van Wagoner is committed to removing necessary barriers and supporting changes throughout the Division in an effort to increase services for kinship care. She will provide direct support to the day-to-day manager for this BSC by providing leadership and supervision.

**11. Who is the proposed day-to-day manager for the BSC?**



Pamela Russell, Federal Grants Program Specialist within the Division of Child and Family Services, will oversee the day-to-day operation of this BSC. Ms. Russell will be responsible for the coordination and implementation of this initiative by providing leadership, support, and resources necessary to implement changes. Ms. Russell is committed to holding team members accountable for initiating, maintaining, and evaluating any processes tested.

**12. Who will be represented on the five-person core team? Why have these persons been selected?**

Along with Ms. Van Wagoner and Ms. Russell, Mr. Joseph Leiker, Child Welfare Program Administrator, will help lead the core team with this initiative. His experience in child protection services as a supervisor of in-home and out-of-home placements, domestic violence and family resource consultants, facilitator for the kinship practice guidelines committee and his 22 years service provide the team with experience and knowledge specific to kinship that will be invaluable. These individuals represent state and regional administrators and are committed to facilitating change, not only for this pilot region, but statewide. McKay Paine, the fourth member of the team is a kinship caregiver and has many years of experience, professionally and as a caregiver to offer. Ms. Legard, the final member of our core team is 16 years of age and is currently in a kinship placement. The experience and knowledge this team offers will ensure a successful collaboration. Each member is committed to this initiative.

**13. Describe the proposed membership of the extended workgroup.**

Representatives of schools, faith based organizations, community based organizations, law enforcement, courts, public agency staff, tribal representatives, additional kinship caregivers, youth or young adults formerly in kinship care, and birth parents will be invited to join the extended workgroup. Northern Region, the pilot site, has already established positive communication and involvement with many community partners and expects to continue this collaborative spirit with this initiative.

**14. What does the agency hope to achieve by participating in this Collaborative?**

As the Division of Child and Family Services participates in this Collaborative, it is hopeful that through identifying, exploring, testing, and evaluating different components, dramatic improvements in the overall system will occur. Specifically, the following objectives to achieve are:

- Increase the stability of placement for children placed with relatives through a full Functional Assessment involving the kinship family. A number of children who reenter foster care do so from a failed kinship placement. While Utah seeks to place children in kinship placements, we may not be correctly analyzing the specific needs of a child placed with relatives.
- Increase the availability of kinship placements through improved diligent searches and documentation of such. Utah has a practice of placing children with kin unless it is not in the best interests of the child. However, a diligent search for both maternal and paternal

kinship placement candidates may not always occur and documentation of a diligent search where no candidates are found is not always completed.

- Increase kinship placement resources and supports. While DCFS has some supports and resources in place, increasing availability and awareness of those resources is essential.
- Establish practices that can be implemented statewide to increase permanence in planning with kinship caregivers.

**Application Completed By:**

<b>Name:</b>	Pamela K. Russell
<b>Title:</b>	Federal Grants Program Specialist
<b>Phone:</b>	801-538-4308
<b>E-mail Address:</b>	pkrussel@utah.gov



# UTAH RESOURCE FAMILY ASSESSMENT

Utah DHS

Revised

**This document is not verified or complete without a signature page**

Applicant 1 Name: First Last	Applicant 2 Name: First Last
Date of Birth (DOB) and Age: Place of Birth:	Date of Birth (DOB) and Age: Place of Birth:
Social Security #:	Social Security #:
Home Phone: Work Phone:	Home Phone: Work Phone:
Family Address:	How did you hear about foster care or adoption?
City: State: Zip:	

Directions to Home:

Others in Family (living in the home):

FULL NAME (First, Last)	AGE	DOB	LIVES IN HOME: YES/NO	RELATIONSHIP (Indicate whether biological, step, foster, adopted, other)

**PLEASE ATTACH COPIES OF: (Additional information may be requested)**

1. Marriage Certificate
2. Divorce Decree(s)
3. Current Tax Return
4. Verification of Health, Life, and Auto Insurance

(AGENCY USE ONLY)

List Dates of Interviews:	Date Study Completed:
Agency:	Address:
Prepared by:	Phone Number:

Licensed for:	Male [ ] Female [ ]	Capacity:	Age Range:
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## **A. Motivation and Expectations**

1. What do you see as the difference between fostering, adopting, and adoptive foster care?
2. Give your reasons for wanting to foster or adopt a child with special needs. Why is now a good time for you to take a child into your home?
3. Describe the type of child you hope to foster or adopt and how you see that child fitting into your family.
4. Describe your understanding of a child's experience of being separated from his/her birth family.
5. Describe your understanding of a birth parent's experience of no longer being able to parent their child.
6. How have you and your family dealt with issues of loss and grief (i.e., infertility, death, divorce, etc.)?
7. Are there any circumstances you can imagine where you, as a parent, would be unable to follow through on your commitment to your foster or adopted child?
8. What steps will you take to develop a relationship with your foster or adopted child?

9. Are you willing to maintain contact with the biological family and others important to the child placed with you?

10. Have you had children living in your home other than your immediate family (i.e., nieces, nephews, exchange students, foster children, etc.)? How has this worked?

11. What are your long and short term expectations of your foster or adopted child?

12. What do you believe might be your biggest challenge in foster or adoptive parenting?

13. Every family has a unique culture (language, traditions, foods, routines, ethnicity, etc.). How will a foster or adoptive child's cultural needs be addressed in your family?

14. Who is included in your support system? What do your extended family members and friends think about your decision to foster/adopt a child?

15. List names and relationships of those who will provide:

a. Babysitting

b. Child care

c. Respite care

d. Long term care should you become unable to care for your child

## **B. Autobiographical Information--Mother**

### **1. Childhood**

a. What kind of relationship did you have with your parents?

b. Describe your school experiences.

c. Which individual had the most influence on your life? Explain.

d. What was your most negative experience?

e. What was the best part of your childhood?

f. What was the most difficult part of your childhood?

g. Was there any physical, emotional, or sexual abuse? Who was involved? How was this dealt with?

h. Was there any alcohol/substance abuse in the home?  
Who was involved? How was this dealt with?

i. How was love expressed in your family?

j. How was anger expressed in your family?

k. How were you disciplined?

## 2. Adult Life

a. Give a description of yourself including physical appearance, personality, likes/dislikes, etc.

- b. Describe your spouse including strengths and weaknesses.
  
  
  
  
  
  
  
  
  
  
- c. What strengths do you see in your marriage? Discuss any marital problems, counseling, or separations you have encountered and how you have dealt with them.
  
  
  
  
  
  
  
  
  
  
- d. What kind of relationship do you have with your parents?
  
  
  
  
  
  
  
  
  
  
- e. What is your current relationship with your siblings?
  
  
  
  
  
  
  
  
  
  
- f. Describe any history of health concerns, in-patient treatment, counseling, or medication(s).
  
  
  
  
  
  
  
  
  
  
- g. Describe your work history and current occupation. How does employment affect your family life?



## **Autobiographical Information--Father**

### 1. Childhood

a. What kind of relationship did you have with your parents?

b. Describe your school experiences.

c. Which individual had the most influence on your life? Explain.

d. What was your most negative experience?

e. What was the best part of your childhood?

f. What was the most difficult part of your childhood?

g. Was there any physical, emotional, or sexual abuse? Who was involved? How was this dealt with?

h. Was there any alcohol/substance abuse in the home? Who was involved? How was this dealt with?

i. How was love expressed in your family?

j. How was anger expressed in your family?

k. How were you disciplined?

## 2. Adult Life

a. Give a description of yourself including physical appearance, personality, likes/dislikes, etc.

b. Describe your spouse including strengths and weaknesses.

c. What strengths do you see in your marriage? Discuss any marital problems, counseling, or separations you have encountered and how you have dealt with them.

d. What kind of relationship do you have with your parents?

e. What is your current relationship with your siblings?

f. Describe any history of health concerns, in-patient treatment, counseling, or medication(s).

g. Describe your work history and current occupation. How does employment affect your family life?

### C. Family

1. Describe your current marriage, including courtship, when and where you were married.
2. Describe the division of responsibilities in your home (paying the bills, chores, parenting, discipline, etc.).
3. How are financial decisions made in your family?
4. Please summarize your assets and debts below.

	<b>Assets/Income</b>
<b>Total Income</b>	
<b>Bank Accounts-- Saving/checking, other</b>	
<b>Real Estate</b>	
<b>Other Assets/Income</b>	

	<b>Debts/Expenses</b>
<b>Mortgage/Rent--monthly payment</b>	
<b>Credit Card/Other Installment payments--total owed</b>	
<b>Child Support--monthly payment</b>	
<b>Other Debts/Expenses</b>	

5. Have you ever filed bankruptcy? If yes, how do you manage your finances currently?

6. Describe situations that create conflict for your family.

7. How are conflicts resolved?

8. Describe family interests, activities, hobbies, and pets.

9. Describe your family's schedule on a typical week day.

10. Describe your family's schedule on a typical weekend.

11. List information about each of your children (biological, adopted, or other) including names, ages, personality, grade, performance in school, favorite activities, behavior or health concerns, counseling or medications.

12. Describe how family members interact with each other including the decision-making process, who gets along well, and which family members have the most difficult time getting along with each other.

13. Does religion/spirituality play a role in your family? Would you expect your foster or adopted child to participate in your religious activities? Explain.

14. How have you prepared your child(ren) for the arrival of a child with special needs and the potential of challenging behaviors? How do they feel about fostering or adopting?

#### **D. Parenting**

1. Describe your experiences with children.

2. a. As a father, what are the three most important things you want your child(ren) to learn from you?

b. As a mother, what are the three most important things you want your child(ren) to learn from you?

3. How do children in your home earn privileges?

4. List basic household rules and expectations.

5. If a child breaks a household rule, what would you do? Give an example.

6. How would you teach a child to change inappropriate behaviors? Give an example.

7. a. List mother's parenting strengths and weaknesses.

b. List father's parenting strengths and weaknesses.

8. How do you support each other in your parenting?

#### **E. Home/Neighborhood**

1. Describe your current home and neighborhood.

2. a. How long have you lived in your current home?

b. If you have lived in your current home for less than 5 years, provide a brief history of your living arrangements, including addresses, during that time.

3. List several resources available in your community for children with special needs including educational, medical, mental health, support groups, recreational, cultural, and racial composition. Which of these are you willing to use?



**Summary of References/Inquiries**

1. Summary of References,(R501-12-4.C)

2. CBS/Child abuse data base background check, (R501-12-D)

3. Summary of training, (R501-12-5)

Current Division of Child and Family Services approved training which includes the minimum 30 hour Institute for Human Services *Foster/Adoptive/Kinship Preservice* with the following sessions:

- Working with the Agency
- Family Systems
- Effects of Abuse and Neglect on Child Development
- Attachment/Separation/Placement
- Discipline
- Primary Families
- Cultural Issues
- Effects of Caregiving on the Family
- Sexual Abuse
- Permanency Issues for Children and Families

4. Previous home studies.

**(AGENCY USE ONLY)**  
**Professional Evaluation Recommendations/Assessment**

Discuss the family's readiness to foster or adopt, their strengths and weaknesses particularly in sustaining a long term placement. Include in the assessment:

1. The Family's Expectations and Motivations for Caregiving
2. Personal Maturity
3. Stability and Quality of Interpersonal Relationships
4. Resilience/Coping Skills and History of Stress Management
5. The Family as an Open System

6. Parenting Skills

7. Empathy and Perspective Taking Ability

8. Additional Comments

**UTAH DEPARTMENT OF HUMAN SERVICES  
RESOURCE FAMILY ASSESSMENT**

**SIGNATURE PAGE**

**Completed By:**

\_\_\_\_\_  
Date \_\_\_\_\_ Print name \_\_\_\_\_

Signature: \_\_\_\_\_

Practice guideline on goal selection

## **PRACTICE ALERT**

**DECEMBER 2004**

### **NEW OUT OF HOME PERMANENCY GOALS**

Attention all DCFS Caseworkers, Resource Family Consultants, Clinical Consultants, Supervisors, Administrators and others who are involved in permanency planning for children in DCFS custody.

**On December 6, 2004, SAFE will release, 2.5.11. In this release, there will be new out of home permanency goals available for caseworkers to select from when planning for a child's permanency and concurrent permanency plan.**

**The following goals will no longer be an option for selection as of December 6, 2004: Return Home, Guardianship, and Independent Living.**

**The following goals will be the new out of home permanency goals for selection:**

**\*Reunification (replaces Return Home),**

**\*Guardianship (Non-Relative) (replaces Guardianship). This goal is to facilitate the child's permanent placement with an unrelated, licensed out-of-home caregiver whom a court of competent jurisdiction will designate as legal guardian.**

**\*Guardianship (Relative) (replaces Guardianship). The goal is to facilitate the child's permanent placement with a relative (licensed as a foster parent or unlicensed at the time the guardianship decision is made) whom a court of competent jurisdiction will designate as legal guardian.**

**Both Adoption and Individualized Permanency will continue to be permanency goal options available for selection in this new release.**

**Please note the Independent Living goal is not being replaced by another goal. Independent Living is no longer recognized as a goal by ASFA (Adoptions Safe and Family Act). It is recognized as a service available to any youth in foster care regardless of their permanency goal whether it is Reunification, Adoption, Guardianship (Relative), Guardianship (Non-Relative), or Individualized Permanency.**

**There are approximately 332 youth who have Independent Living as either their permanency or concurrent permanency goal. Also be aware that if a youth currently has Independent Living as a permanency or concurrent permanency goal, it does not necessarily mean that once the Independent Living goal becomes obsolete in SAFE on December 6, 2004, that their new goal should be selected as Individualized Permanency. When Individualized Permanency is selected for a child or youth, careful planning and consideration needs to take place within the context of a Child and Family Team. All other permanency goals will need to be ruled out (Reunification, Adoption, Guardianship (Non-Relative), and Guardianship (Relative))**

and documented as to why they are not appropriate as permanency goals as well as documenting (For questions regarding documenting this goal, please review the Guidelines for Workers below.) to the court the “compelling reasons” why Individualized Permanency is being selected as the best permanency option. Examples of “compelling reasons” cited in Federal Regulations, 45 C.F.R. 1356.21 (h)(3)(i), (ii), & (iii), include but are not limited too:

1. An older teen who specifically requests that emancipation be established as his/her permanency plan;
2. the case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child’s foster parents have committed to raising him/her to the age of majority and to facilitate visitation with the disabled parent; or
3. the Tribe has identified another planned permanent living arrangement for the child.

A Practice Alert was sent out on March 21, 2003 explaining the process of selecting Individualized Permanency as a goal.

For current and past child and family plans where Return Home, Guardianship, or Independent Living was selected as either a permanency or concurrent permanency goal, these goals will continue to show in SAFE but will no longer be allowed as goal options to select for new child and family plans as of December 6, 2004.

For concurrent permanency planning, please be aware that a concurrent goal cannot be the same as the primary permanency goal. Selection of the concurrent goal is based on “if plans for achieving the primary goal are not attainable, the next best goal for this child is.....”. Activities that move toward each of the goals must be defined by the Child and Family Team and then implemented so that no time is lost in achieving permanency for the child. Next Spring, SAFE will be programmed so that workers are not allowed to select the same primary and concurrent goal for a child. However, it is best practice to start ensuring that all cases do not have the same primary and concurrent goal as soon as possible.

#### Guidelines for Workers:

We recognize that with the removal of Reunification, Guardianship, and Independent Living as goals, there is a need to select and update the permanency goal and concurrent permanency goal selections for a child or youth in SAFE.

Workers will need to review all of their cases that have a child or youth with a permanency goal or concurrent permanency goal of Return Home, Guardianship, or Independent Living as soon as possible to determine what is the most appropriate goal selection for meeting the needs of the child. For example, if a child’s permanency goal or concurrent permanency goal is Return Home, the worker will review this goal selection to ensure that Reunification is still the most

appropriate goal selection. If the child's permanency goal or concurrent goal is Guardianship, the worker will review this goal to determine if the permanency plan is with relatives (select Guardianship (Relative) as the goal) or with non-relatives (select Guardianship (Non-Relative) as the goal). For Independent Living as a permanency or concurrent goal, the worker will review all permanency goals, Reunification, Adoption, Guardianship (Relative), Guardianship (Non-Relative), and Individualized Permanency to determine what is the most appropriate goal for the youth.

Best practice would be to discuss and review the permanency goal and concurrent permanency goal in the next Child and Family Team Meeting. At the next court review, the worker will need to recommend and request in the court report that the court change the child's or youth's permanency goal and concurrent permanency goal to the new out-of-home goals that have been created. For example, if the child's permanency goal was Guardianship and the plan is for the child to be placed with relatives and the Child and Family Team determines that this is still the most appropriate permanency goal, the worker will request that the court change the permanency goal to Guardianship (Relative). As soon as the permanency goals are changed in court, the worker will need to update the Child and Family Plan (Service Plan) in SAFE.

If it is determined by the Child and Family Team that the goal of Individualized Permanency is the most appropriate plan for the child or youth, at the next court review, the compelling reason for the permanency goal selection of Individualized Permanency will need to be documented in the court report along with a recommendation to the court to have the permanency goal changed to Individualized Permanency. The worker will also need to document in the court report the reasons why the other permanency goal selections are not able to meet the child's needs. As soon as the permanency goals are changed in court, the worker will need to update the Child and Family Plan (Service Plan) in SAFE. The section of the Child and Family Plan that states "Reason for Goal Selection" is where workers will need to document the compelling reasons for the permanency goal selection of Individualized Permanency as well as why the other permanency goal selections are not able to meet the child's needs along with what the individualized plan will be for the child or youth. To be in compliance with Federal Law, this is a process that needs to be completed as soon as possible.

Please be aware that this is the documentation procedure whenever it is determined by the Child and Family Team that it is in the best interest of a child or youth to have a change in their permanency or concurrent permanency goal. It is especially important that this documentation procedure is followed when it is determined to be in a child or youth's best interest to have a permanency goal of Individualized Permanency.

Please let me know if you have any questions. I am more than happy to provide assistance any way that I can to make this process smooth for all staff.

Thank you,

Angela Khairallah, MSW, LCSW

DCFS Permanency/Out-of-Home Program Manager: (801)538-4316



**From:** Patti VanWagoner  
**To:** Beacco, Mike; Harris, Terri; Jenkins, Eric; Joeann Bartlett;  
Leiker, Joseph  
**Date:** Tue, Feb 15, 2005 5:05 PM  
**Subject:** Final Draft

Hi all,

I've attached the practice alert for the Ansell Casey Assessment that is to be used for youth 16 and older. I took Mike's suggestion and just rolled the practice guidelines into the alert itself. Would you review and let me know if you think more explanation is needed? Thanks.

Patti

**CC:** Cosette Mills; Hollingsworth, Dawn; Jack Green; Linda Wininger;  
Midge Delavan; Navina Forsythe; Region Directors; Richard Anderson; Trupp,  
Adam F.

## PRACTICE ALERT

### ANSELL CASEY ASSESSMENT TOOL

Attention all DCFS Caseworkers, Resource Family consultants, Clinical Consultants, Supervisors, Administrators and others who are involved in the decisions regarding youth 16 and older in DCFS custody.

The Division of Child and Family Services has adopted the Ansell Casey Assessment Tool for working with youth 16 and older who are in DCFS custody. The Ansell Casey Assessment Tool is a web-based instrument that can be used to assess competency in areas of life skills. DCFS is making it mandatory to use this assessment with all youth who are in custody at the age of 16 or older. The following Practice Guidelines will assist you in how the assessment is to be used to update the functional assessment used for case planning:

#### 303.15 Ansell Casey Life Skills Assessment

##### Major objectives

All youth over age 16 and their caregiver will complete an Ansell Casey Life Skills Assessment (A CLSA) to measure the skills and knowledge needed to prepare the youth to make a successful transition to adult living.

### **Summary of Law**

Utah Department of Human Services, Division of Child and Family Services  
Rule R512-304

The purpose of independent living services is to help prepare a youth who is receiving out of home services in accordance with R512-300 to successfully transition to adulthood.

### Practice Guidelines

- A. The ACLSA tool is intended to assist in the planning of services for youth as they transition from childhood to adulthood.
- B. Results from the ACLSA tool will be used to evaluate the youth's current functioning in areas of life skills and identify specific individual needs to be focused upon by the Child and Family Team in case planning that will be provided to each youth that remains in Child and Family Services custody after the age of 16.
- C. Within 45 days after a youth's 16<sup>th</sup> birthday, the caseworker will ensure that the following is completed:
  - 1. ACLSA completed by the youth and the caregiver.

2. Meet with the youth to review the youth and caregiver assessments, choose the areas to work on, identify individualized goals and outline strategies for the youth.
  3. Convene the Child and Family Team to review the ACLSA results, update the Functional Assessment, and develop or update the youth's Child and Family Plan as well as Independent Living Plan.
- D. The caseworker will assist the youth and the caregiver to complete the ACLSA.
1. The caregiver and youth will complete the ACLSA and submit it to the caseworker within 30 days of the youth's 16th birthday.
  2. The caregiver's assessment and youth's assessment must be completed and entered within 30 days of each other or the ACLSA website will be unable to match the youth and caregiver assessments. The ACLSA can be completed electronically via the Internet at: <http://www.caseylifeskills.org>
  3. The following region codes need to be entered where the Organizational Code is asked for on the ACLSA: Salt Lake Valley Region: UTDCFS18 plus the SAFE Case #, Northern Region: UTDCFSN plus the SAFE Case #, Western Region: UTDCFSW plus the SAFE Case #, Eastern Region: UTDCFSE plus the SAFE Case #, and Southwest Region: UTDCFSSW plus the SAFE Case #. When you enter this code there are no spaces between the region code and SAFE Case #.
  4. If the youth or caregiver does not have access to the Internet, the caseworker will print a hard copy from the website for the youth and caregiver. Once the caregiver and youth assessments have been completed, the caseworker or independent living coordinator will electronically enter the information into the website.
  5. The caseworker will provide the youth and the caregiver with a copy of both the youth and caregiver scored report from the ACLSA.
  6. The original ACLSA assessment will be placed in the assessment section of each youth's case file.
  7. The ACLSA will be completed by the youth and the caregiver to update the youth's Functional Assessment and Child and Family Plan as well as the Independent Living Plan.
- G. Each caseworker will convene the Child and Family Team to review the youth and caregiver assessments, identify areas of strength, opportunities for improvement, share feedback on the youth's chosen areas on which to work, and look for ways to support the individualized goals of the youth, outlining strategies for the team and youth to implement the plan.

H. The goals, services, and needs identified by the youth, caregiver, and Child and Family Team will be used to develop and update the youth's Child and Family Plan as well as Independent Living Plan.

I. If the regional independent living coordinator is not able to attend the Child Family Team meeting, they should attempt to be available for consultation with members of the Child and Family Team prior to or following the meeting.

J. The Independent Living plan is a component of the Child and Family plan and should have the same signatures as the Child and Family Plan. At minimum, the foster care supervisor, independent living coordinator, and youth will sign off on the Independent Living Plan.

The objective of these new Practice Guidelines is to insure that each individual who reaches the age of 16 in custody is adequately assessed and that services are provided to assist in the youth's development of life skills for successful transition to adulthood. The Ansell Casey Assessment Tool (ACLSA) is intended to assist in the planning of services for youth as they make this transition. These Practice Guidelines have been approved by DCFS administration and are available on our website.

**Caseworkers should identify all youth 16 years of age and older who have not completed the Ansell Casey Assessment Tool (ACLSA). These youth should be prioritized by age to begin the process of completing the ACLSA as soon as possible. The first priority will be for 17 year olds. Priority should then be shifted to 16 year olds not yet covered.**

All current Practice Guidelines for DCFS can be found at [www.dcf.utah.gov](http://www.dcf.utah.gov). Thank you for your hard work and dedication in serving children and families involved with DCFS. Please contact Pamela Russell, DCFS Independent Living Program Manager if you have any questions. Her email address is PKRUSSEL@utah.gov

# Steps to Independent Living

## Age 19-21

- 1) Understand where to obtain help regarding jobs, housing, education, health and mental health, etc.
- 2) Transitional Support Fund is available to assist with costs.

## Age 18

- 1) Get driver's license (if not obtained already)
- 2) Graduate from high school (obtain ETV for those going on to secondary education or training)
- 3) Work with WIA-youth
- 4) Get a job
- 5) Get housing arranged
- 6) Continue with Life Skill workshops (including mental health and health information)
- 7) Get Medicaid card at time of termination of custody
- 8) Understand where resources are located and know that youth can get help from a variety of sources after termination of custody

## Age 17

- 1) Continue with WIA-Youth -- get a part-time job, if appropriate
- 2) Continue to be current with school credits and prepare to graduate
- 3) Six months prior to 18<sup>th</sup> birthday -- enroll in driver's education class
- 4) Continue with needed Life Skill workshops or classes
- 5) Some youth will be eligible to live in transitional apartments and pay their own rent
- 6) Youth planning post-secondary education should be making applications for school, training, Pell grants and ETV
- 7) Mentally ill youth should complete NAMI Bridges for Youth
- 8) Youth with chronic health problems should meet with nurse to learn about self management
- 9) As youth nears 18 or termination of custody -- application should be made for Medicaid Newborn Plus
- 10) Have Mentor assigned

## Age 16

- 1) Enroll in WIA-Youth
- 2) Complete Ansell-Casey Assessment Tool
- 3) Sign up for and complete driver's education if parents sign (and receive driver's license)
- 4) Assign a mentor for those who wish to have one
- 5) Enroll mentally ill youth in NAMI Bridges for Youth groups
- 6) Put name on waiting list at Housing Authority
- 7) Begin Life Skill workshops
- 8) Be current with school credits and prepare for high school graduation

## Age 14-15

- 1) Youth is eligible for WIA-Youth Program
- 2) Some youth may desire to have a mentor
- 3) Some youth may wish to take the Ansell-Casey Life Skills Assessment

## At All Ages

Have a specific, Independent Living Plan (includes CFT meetings regularly to assist in planning and implementation)

SCF Case		
Removal Date:	Worker:	QA Status:
Start Date:	Wkr Reg/Office:	
End Date:	Case Reg/Office:	

General	Person	Documents	Services	Out-of-Hm	Ind. Living	Permanency		
<div> <input checked="" type="radio"/> Prior Adoption Information           <input type="radio"/> TPR Information           <input type="radio"/> Adoptive Placement &amp; Subsidy         </div> <div> <b>Foster Child</b>            Mother Married at Child's Birth: <input type="text"/> Child Previously Adopted: <input type="text"/>  <b>Prior Adoption Info</b>            Age Adoption Finalized: <input type="text"/> If so, was this a Foreign Adoption? <input type="text"/>            Name of Adoption Agency (U.S.) <input type="text"/>            Prior IV-E Adoption Assistance Agreement? <input type="text"/> </div> <div> <b>Adoption Dissolution</b>  <table border="1"> <thead> <tr> <th>Reason for Adoption Dissolution</th> </tr> </thead> <tbody> <tr> <td>   </td> </tr> </tbody> </table> <div>               If Adoptive Parents' rights are being terminated please enter reason for adoption dissolution. (Field will enable when TPR Filing or Final Date is entered).             </div> </div>							Reason for Adoption Dissolution	   
Reason for Adoption Dissolution								

SCF Case																	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Parent</th> <th style="width: 10%;">Deceased</th> <th style="width: 10%;">TPR Filed</th> <th style="width: 10%;">TPR Final</th> <th style="width: 10%;">Appeal</th> </tr> </thead> <tbody> <tr> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td style="text-align: center;">00 00</td> <td style="text-align: center;">00 00</td> <td style="text-align: center;">00 00</td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> </tr> <tr> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> <td style="text-align: center;">00 00</td> <td style="text-align: center;">00 00</td> <td style="text-align: center;">00 00</td> <td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td> </tr> </tbody> </table>			Parent	Deceased	TPR Filed	TPR Final	Appeal	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	00 00	00 00	00 00	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	00 00	00 00	00 00	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
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<div> <input checked="" type="checkbox"/> <span style="color: blue;">Child has been in Foster Care for XX of the last 22 months.</span>  Reason for Not Filing TPR (Select all that apply) </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <input checked="" type="checkbox"/> Child is being cared for by a relative </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <input checked="" type="checkbox"/> Division has not provided adequate services necessary for the child to safely return home even though reasonable efforts to reunify the child with this parent(s) were required </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> <input checked="" type="checkbox"/> Compelling Reason(s) exists that filing for TPR is not in the Child's best interest </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> DCFS/AAG:TPR Filing Process Not Complete </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Explanation </div>																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Reasons For TPR</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Compelling Reason(s)</div> </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </div> </div>																	

Compelling Reasons	Reasons For TPR
<ul style="list-style-type: none"> <li>-Older teen requests emancipation</li> <li>-Maintain Parent Bond/Child raised by Foster Parents</li> <li>-Tribal Plan not Adoption</li> <li>-Adoption not appropriate permanency goal for child</li> <li>-No grounds to terminate parental rights exists</li> <li>-Unaccompanied refugee</li> <li>-Foreign restrictions preclude TPR</li> <li>-Other</li> </ul>	<ul style="list-style-type: none"> <li>-Parent abandoned Child</li> <li>-Parent neglected Child</li> <li>-Parent unfit or incompetent</li> <li>-No Foreseeable remedy to removal circumstances</li> <li>-Failure of parental adjustment</li> <li>-Voluntary Relinquishment</li> <li>-Trial Home Placement Failure</li> <li>-Newborn Child Relinquishment</li> <li>-Parent made token efforts to resolve issues</li> <li>-Parent killed own child</li> <li>-Parent seriously abused own child</li> <li>-Parent intended to kill own child</li> </ul>

SCF Case		
Removal Date:	Worker:	QA Status:
Start Date:	Wkr Reg/Office:	
End Date:	Case Reg/Office:	
<div> <div>General</div> <div>Person</div> <div>Documents</div> <div>Services</div> <div>Out-of-Hm</div> <div>Ind. Living</div> <div>Permanency</div> </div>		
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<div> <div> <div>Adoptive Subsidy</div> <div>Special Needs Basis: <input type="text"/></div> <div> <div>Medical Condition/Disabilities</div> <div></div> </div> <div>Subsidy Status: <input type="text"/></div> <div>Monthly Subsidy: <input type="text"/></div> </div> <div> <div>Adoptive Family Placement</div> <div> <div>Committee Approval Date: <input type="text"/></div> <div>Adoptive/Foster Agreement Date: <input type="text"/></div> <div>Adoptive Agreement Date: <input type="text"/></div> <div>Adoptive Finalization Date: <input type="text"/></div> </div> <div> <div>Adoptive Home Type</div> <div></div> </div> </div> </div>		



(HB 268) 62A-4a-120. Accommodation of moral and religious beliefs and culture.

(1) The division shall adopt rules in accordance with Title 63, Chapter 46a, Utah Administrative Rulemaking Act, and establish procedures to accommodate the moral and religious beliefs, and culture, of the children and families it serves, including:

(a) the immediate family and other relatives of a child in any type of custody or otherwise under the jurisdiction of the court;

(b) foster and other out-of-home placement families; and

(c) adoptive families.

(2) The accommodation under Subsection (1) applies to placements, treatment plans, services, and other activities of the division.

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**Department of Human Services, Division of Child and Family Services**  
**R512-11 Accommodation of Moral and Religious Beliefs and Culture.**

**R512-11-1 Authority**

The Division is required by Section 62A-4a-120 to develop rules regarding procedures to accommodate the moral and religious beliefs, and culture, of the children and families it serves. The Division incorporates by reference the following Federal statutes: 42 U.S.C. 1996b; 25 U.S.C. §§1901-63; and 42 U.S.C. 1305.

**R512-11-2 Definitions**

The following definitions apply to this rule:

A. Accommodate means to adapt, adjust, or make provision to support

B. Child and Family Plan means the collective intentions of the Child and Family Team documenting specific goals, roles, strategies, resources, and schedules for coordinated provision of assistance, supports, supervision, and services for the child, caregiver, and teacher.

C. Child and Family Team means the team consisting of the child, their family, the division case worker, and the out-of-home provider, relatives, and representatives of the family moral, religious and cultural traditions, representatives from education, health care, law enforcement, the guardian ad litem, parent's attorney, the Attorney General, and other supportive individuals as designated by the family.

D. Culture means the totality of socially transmitted behavior patterns characteristic of a family and includes religious beliefs and morals.

E. Moral means accepted standards of conduct and principles within the family's context.

F. Religious belief means a particular system of belief or worship as defined by the family.

**R512-11-3 Division Responsibilities**

A. The division recognizes that children and families have the right to be understood within the context of their family moral and religious beliefs, and culture.

B. When intervening with a family, division workers shall ask the family to identify aspects of the family's moral and religious beliefs, and culture that are relevant to the care and placement of the child.

C. The Division shall convene a Child and Family Team when engaging children and families. Child and Family Teams shall include those relatives, and representatives of the moral, religious and cultural traditions important to the child and family.

1. The Child and Family Team shall ask the child and family if they require any accommodation of their morals and religious beliefs, and culture.

2. The Child and Family Plan shall document the moral and religious beliefs, and culture of the child and family and the accommodations requested by the child and family the method the Division shall employ to make the accommodation.
  3. The decisions of the Child and Family Team shall be documented in the plan and reasons noted that the Division may not provide a requested accommodation. Any accommodation that cannot be provided shall be explained to the child and family.
  4. When the division is not able to accommodate some aspect of the family's moral, and religious beliefs and culture, the Child and Family Team shall explore, develop and negotiate alternative ways to meet the moral and religious beliefs, or cultural needs of the child and family.
  5. The Child and Family Plan shall be reviewed with the caregiver of any placement to assure the agreed upon accommodations are being met.
  6. The accommodations in the Child and Family Plan for a specific child shall be periodically reviewed with the caregiver, along with all other requirements, to assure that moral and religious beliefs, and culture of the child and family are met according to the requirements of the plan.
- D. The planning and implementation of all other activities provided by the Division that do not require a Child and Family Team shall identify aspects of the family's moral and religious beliefs, and culture that are relevant to the service and document the accommodation requested. Documentation shall identify any requested accommodation and the method the Division shall employ to make accommodation for the child and family. Any accommodation that cannot be provided shall be explained to the child and family. When the division is not able to accommodate some aspect of the family's moral and religious beliefs, and culture, the Division caseworker shall document, explore, develop, and negotiate alternative ways to meet the moral and religious beliefs, or cultural needs of the child and family.

Key: child welfare

62A-4a-105

62A-4a-106

62A-4a-120

**8<sup>TH</sup> ANNUAL CHILD WELFARE TRAINING  
APRIL 22 & 23, 2004**

**SPONSORED BY:  
THE OFFICE OF THE ATTORNEY GENERAL  
&  
THE OFFICE OF THE GUARDIAN AD LITEM**

**THURSDAY APRIL 22, 2004**

8 - 8:30 A.M.	Continental Breakfast
8:30 - 10:30 Presenters:	Legislative Update -Mark W May, Division Chief, Child Protection Division -Kristin Brewer, Director, Guardian Ad Litem Office
10:30 - 10:45	Break (Provided)
10:45 - 12:00 Presenter:	ICWA Overview -Robert Smith, Southern Section Chief, Child Protection Division
12:00 - 1:00	Lunch (Provided)
1:00 - 2:30 Presenter:	Case Law -Carol Verdoia, Section Chief, Appellate & Legislative, Child Protection Div -Martha Pierce, Guardian Ad Litem
2:30 - 2:45	Break (Provided)
2:45 - 3:30 Presenter:	Investigative Subpoenas -Michael Wims, Assistant Attorney General, Criminal Division
3:30 - 4:15 Presenter	Introduction and Use Of Audio and Video Tapes -Michael Wims, Assistant Attorney General, Criminal Division
4:15 - 5:00 Presenter:	Child Welfare Reference Manual -Janice Ventura, Northern Section Chief, Child Protection Division

**OFFICE OF GUARDIAN AD LITEM & CASA COORDINATOR  
JOINT QUARTERLY TRAINING**

**at the  
*The Lodge at Mountain Village*  
1415 Lowell Avenue  
Park City, Utah**

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**Wednesday September 19, 2001**

**New Guardian ad Litem Attorney's**

12:00 - 1:00 (lunch provided)	Evidence and Procedure in Child Abuse Cases Craig M. Bunnell, J.D.
1:00 - 2:30	Medical Indications of Child Abuse Marilyn Johnson, R.N.
2:30 - 2:45	Break
2:45 - 3:45	Nuts and Bolts of ICWA (Indian Child Welfare A Honorable William A. Thorne
3:45 - 5:00	Child Development Janine Wanlass, Ph.D.

**CASA Coordinators and Managing Attorneys**

1:00 - 2:00	Recruiting for Diverse populations of volunteers Sandra Kinoshita, Program Coordinator Racial and Ethnic Fairness in the Legal System
2:00 - 2:30	Purchasing Card Training Pat Stickney, A.O.C. Purchasing Agent
2:30 - 2:45	Break
2:45 - 3:45	Nuts and Bolts of ICWA Honorable William A. Thorne
3:45 - 4:00	CASA and Managing Attorney Goals for Each Office Kristin Brewer
4:00 - 5:00	Open Discussion / Sharing Ideas

**OFFICE OF GUARDIAN AD LITEM & CASA COORDINATOR  
JOINT QUARTERLY TRAINING**

at the  
***The Lodge at Mountain Village  
1415 Lowell Avenue  
Park City, Utah***

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**Thursday September 20, 2001  
All Guardian ad Litem and CASA Coordinators**

8:30 - 9:00	Breakfast (provided)
9:00 - 10:30	The Trauma Wired Brain: Understanding the Impact and Dynamics of Domestic Violence Anne Curran, L.C.S.W. Director Office of Justice Program Grant Court Liaison Unit
10:30 - 10:45	Break
10:45 - 12:00	Continued (Anne Curran)
12:00 - 1:00 (lunch provided)	Guardian ad Litem Conflicts (Ethic Opinion 98-09 and 95-08) Craig Bunnell
1:00 - 3:30	Should a 6 year old be on the Child Abuse Database? Youth Initiation Sexual Contact "YISC" - DCFS' Assessment Tool to Determine Risk and Database Status Janine Wanlass, Ph.D. Carol Verdoia, J.D.
3:30 - 3:45	Break
3:45 - 4:45	Ethic Opinions 95-06; 96-04; and 00-01 Kristin Brewer
6:00 p.m.	Dinner at <i>Lakota</i> (751 Main Street)

**Friday September 21, 2001  
All Guardian ad Litem and CASA Coordinators**

9:00 - 10:30	Parental Alienation and other "Syndromes", Junk Science and Latest Research Findings John E.B. Myers, J.D.
10:30 - 10:45	Break

10:45 - 12:00

Continued (John E.B. Myers)

12:00 - 1:00  
(working lunch)

Client Confidentiality and E-mails (Rule 1.6)  
Craig Bunnell

# Kin Locators by Region

<i><b>Region</b></i>	<i><b>Kin Locator</b></i>	<i><b>Access</b></i>	<i><b>Trained by ORS</b></i>
<i><b>Eastern</b></i>	Gwynith Welch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Elaine Boren	<input type="checkbox"/>	<input type="checkbox"/>
	Kimberly Hess	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>Northern</b></i>	Nick Vespar	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Suzanne Deakin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Charlene Wilde	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Chris Hoffman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Cynthia Gardner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i><b>Salt Lake Valley</b></i>	Karen Nielsen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Anna Chacon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Diane Freeman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i><b>Southwest</b></i>	Anne Ashcraft	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ardella Peterson	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>Western</b></i>	Tamera Warner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

>>> Chris Chytraus 1/13/2005 2:01:05 PM >>>  
PLEASE READ THIS IN ITS ENTIRETY.....

If you have an HVR that refers a child to another Dr., Therapist, Dentist, etc. You **MUST** enter this as a referral. It does not matter if you know they are going to do it tomorrow, or next week, it still must be entered as a referral-this includes Dentists that write RTC in 6 months.

Do **NOT** delete your follow-ups until they **ARE COMPLETED!** This is a federal requirement and will be audited when the Federal People return. **This is VERY important.**

If you have a follow-up and the Dr. decides the child doesn't need it...example "refer to ENT if sore throat doesn't improve by Monday" and the sore throat is gone, enter it as completed and in the Activity Log **DOCUMENT** why the referral was not completed. " Referral cancelled by Dr. Drool, sore throat resolved", etc.

This is written in the Federal Practice Improvement Plan and was to be improved by January 2005, so I am sure you will all make this happen. It may be helpful for you to review these when you do your HSOM's with the foster parents and let the caseworkers know and document in activity log if they are not getting done.

Thanks for the hard work you all do. I know the caseloads are high right now and due to illnesses many of you are working extra hard to help each other out. Thank you!! It is known and appreciated. See you all on the 31st. Chris

Chris Chytraus R.N., BSN  
Program Manager  
Fostering Healthy Children Program  
(801) 584-8598 office  
(801) 584-8488 fax

**CC:** Chytraus, Chris